

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

[Faint, mostly illegible handwritten text follows, likely containing personal and medical details.]

CERTIFICATE CORRECTED

2-8-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

1002

1. NAME OF DECEASED
(Type or Print)

Harry Eugene Smott Smoot

2. DATE
OF
DEATH

2-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 Cheapside -2

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Dec. 25, 1894

9. AGE (in years

last birthday)

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NOT KNOWN

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Smott Smoot

14. MOTHER'S MAIDEN NAME

Jennie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

W.W. #1

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

1B.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-3-50, 1950, to Feb. 3, 1950 that I last saw the deceased alive on Feb. 3, 1950 and that death occurred at 6PM m., from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-7-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1950

Wilmington, Delaware

2503 Edmonson

VS 150

10500001002

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Physicians: please write the causes of death clearly and correctly. correct age is especially important.

11

11-10-41

11

11-10-41

11

11-10-41

11

11-10-41

11

11

11-10-41

11

11

11

11

11

11-10-41

11

11

C-560
CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

1003

BIRTH NO. 1003

1. NAME OF DECEASED
(Type or Print)

Edward J. Conroy

2. DATE
OF
DEATH

Feb. 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Armco Steel Co. 3700 Chase location

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2825 Lake Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

57?

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Steel Worker

10B. KIND OF BUSINESS OR INDUSTRY

Armco Steel Co.

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Conroy

14. MOTHER'S MAIDEN NAME

Catharine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jones Funeral Home - Mansfield, Ohio

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

E. L. Ryer

23B. CHIEF MEDICAL EXAMINER ☒

M.D.

23C. DATE SIGNED

Feb. 3, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-4-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Mansfield Ohio

DATE RECEIVED BY LOCAL REGISTRAR

FEB 4 - 1950

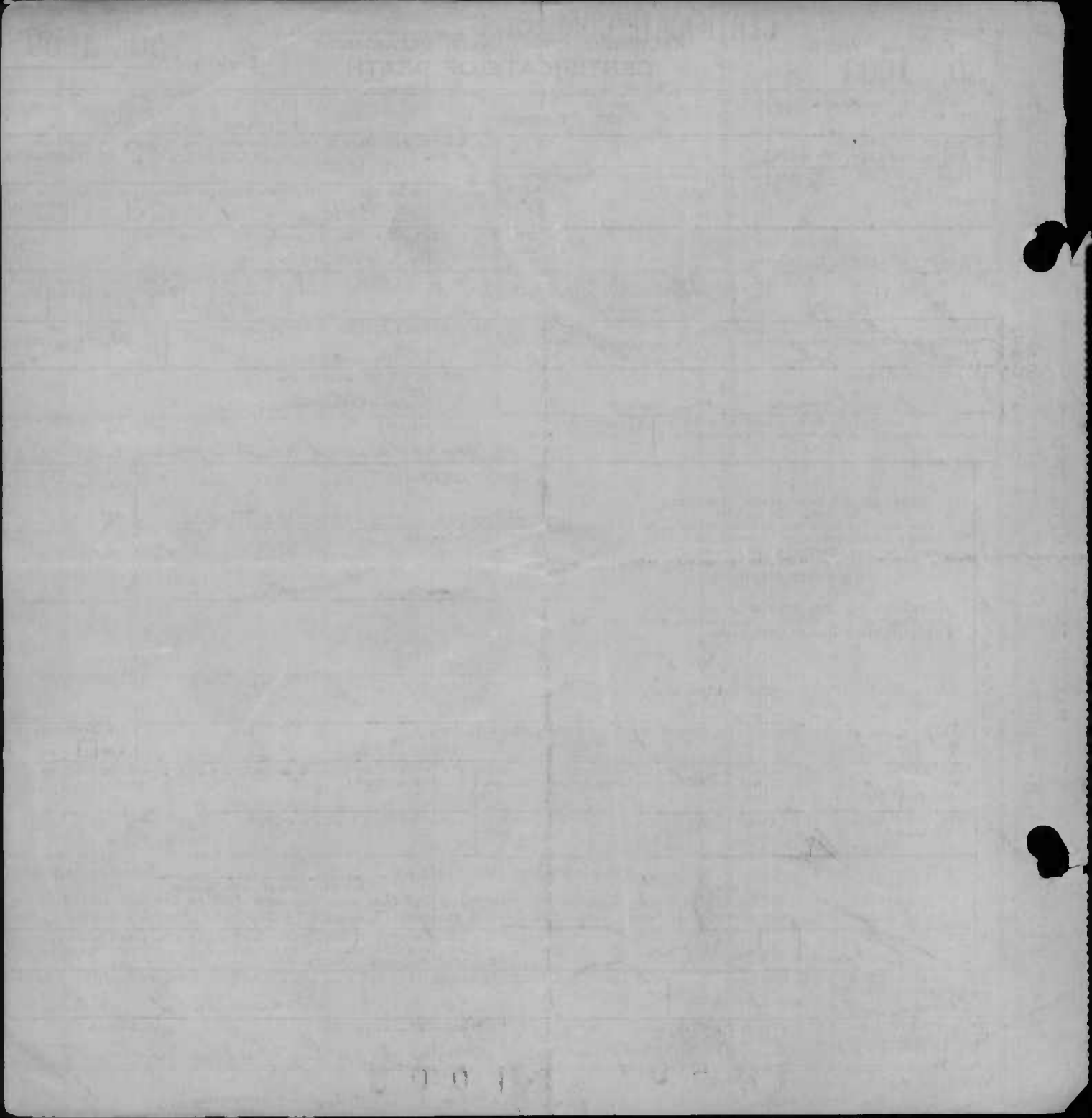
REGISTRAR'S SIGNATURE

William Conroy

25. FUNERAL DIRECTOR

ADDRESS

George A. Fawley, Fulton Ave. Fayette, Mo.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1004BIRTH NO. 50 10041. NAME OF DECEASED
(Type or Print)CARMELA TIMPINI2. DATE
OF
DEATH2/2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MD.B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

NoNONE?MARIO CONSENTINISAME

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) myocarditis (acute)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerosis.
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH2 days.5 years.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31st, 1950, to Feb 3, 1950, that I last saw the
deceased alive on Feb 2, 1950, and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL2/6/50HOLY REDEEMERBALTIMORE, MD.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 4 - 1950William H. MillerWILLY & ZEILER INC. BALTO.

No. 214

Dr. Andrews

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 1005
 Registered No.

 400
 50 1005
 BIRTH NO.

 1. NAME OF DECEASED
 (Type or Print)

Kirk M. Hale

 2. DATE
 OF
 DEATH

Feb. 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 A. STATE Maryland B. COUNTY

 B. FULL NAME OF (If not in hospital or institution, give street address or location)
 HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
 Baltimore 2-03

D. STREET ADDRESS (If rural, give location)

918 S. Wolfe St.

c. Length of stay in Baltimore

 5. SEX
 M

 6. COLOR OR RACE
 W

 7. SINGLE, MARRIED,
 WIDOWED, DIVORCED (Specify)
 Widower

8. DATE OF BIRTH

3/17/1882

9. AGE (In years last birthday)

67

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Beth. Steel Corp.

11. BIRTHPLACE (State or foreign country)

Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charlotte Davey 1115 E. Pratt St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

 I
 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
 (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

 II
 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 YES ☐ NO ☒

 21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

 22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 1, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DEPARTMENT OF HEALTH
STATE OF NEW YORK

1900



50 1006

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1006
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dora Schneider

2. DATE
OF
DEATH

Feb. 4, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Ind.

B. COUNTY

28-04

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4630 Memorial Drive Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-5-11

9. AGE (In years
last birthday)

38 30

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

New Brighton Pa

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harold Schneider

14. MOTHER'S MAIDEN NAME

Ida MC Donnell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of Cervix Uteri

DUE TO

2 yrs

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1950, to Feb. 4, 1950, that I last saw the
deceased alive on Feb. 4, 1950, and that death occurred at 9:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

John F. Angell

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 4 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/4/50

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill

24D. LOCATION (City, town, or county)

Salatka, Fla

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Earl B. Robertson

ADDRESS

403-E-25th St

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of Albany

City of Albany

State of New York

Decd. John J. Smith

Age 65 Years

Sex Male

Color White

Married Yes

Occupation Teacher

Place of Birth Albany, N.Y.

Usual Residence Albany, N.Y.

Cause of Death Heart Disease

Time of Death 10:30 A.M.

Date of Death Jan. 15, 1900

Signature of Physician John J. Smith

Signature of Undertaker John J. Smith

Signature of Coroner John J. Smith

Signature of Registrar John J. Smith

Signature of Minister John J. Smith

Signature of Justice John J. Smith

Signature of Sheriff John J. Smith

Signature of Constable John J. Smith

Signature of Justice of the Peace John J. Smith

Signature of Notary Public John J. Smith

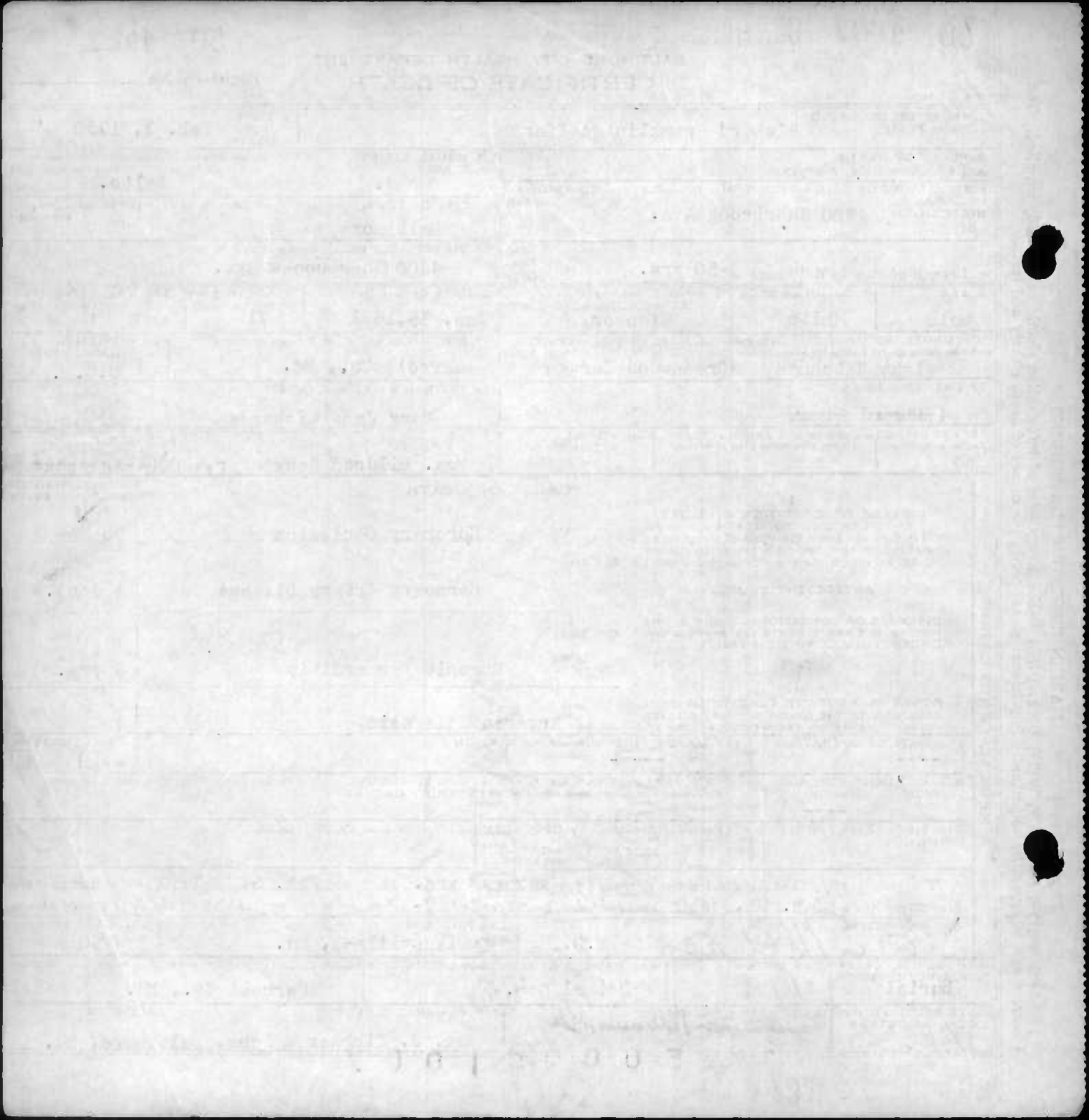
Signature of Clerk of the Court John J. Smith

Signature of County Clerk John J. Smith

Signature of State Registrar John J. Smith

Signature of Federal Registrar John J. Smith

Signature of U.S. Marshal John J. Smith



L-150

50 1008

53 1008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Charles Lapin*2. DATE
OF
DEATH*2-4-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

*Maryland*B. FULL NAME OF
HOSPITAL OR
INSTITUTION*SINAI HOSPITAL*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2802 Hilldale Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widower*

8. DATE OF BIRTH

*1877*9. AGE (In years,
last birthday)*72*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Confectionary Business Own*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Russia*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Lapin

14. MOTHER'S MAIDEN NAME

*Minnie ?*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.17. INFORMANT
*Mrs Anna Beitler*ADDRESS *2802
Hilldale Ave*

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Failure

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-4-1950*, to *2-4-1950*, that I last saw the
deceased alive on *2-4-1950*, and that death occurred at *3:45* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Arnold Kramer

M. D.

23B. ADDRESS

Lucas Hoop

23C. DATE SIGNED

*2-4-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Feb 5, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Washington Rd Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

*Md*DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Sol Levinson & Bros

ADDRESS

*1126
W North Ave*

FEB 5 - 1950

15661

97

Name of Deceased		Sex		Age	
Date of Death		Time of Death		Place of Death	
Cause of Death		Manner of Death		Occupation	
Signature of Physician		Signature of Coroner		Signature of Registrar	
Date of Report		Time of Report		Place of Report	

G-432
50 1009BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 150 1009

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Rosa Goldstein

2. DATE
OF
DEATH

2-4-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Reverdale

C. Length of stay in Baltimore

50

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Reverdale

27-17

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bendit

14. MOTHER'S MAIDEN NAME

Hannah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Louis Fred Temple Gordon

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Coronary sclerosis

(C)
DUE TO

General arteriosclerosis

INTERVAL BETWEEN
ONSET AND DEATHOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1948, to 2-4-1950, that I last saw the
deceased alive on 2-3-1950, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Joachim Blumberg, M. D.

23B. ADDRESS

Reverdale Home

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-5-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Mt Carmel

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 5 - 1950
VS 150

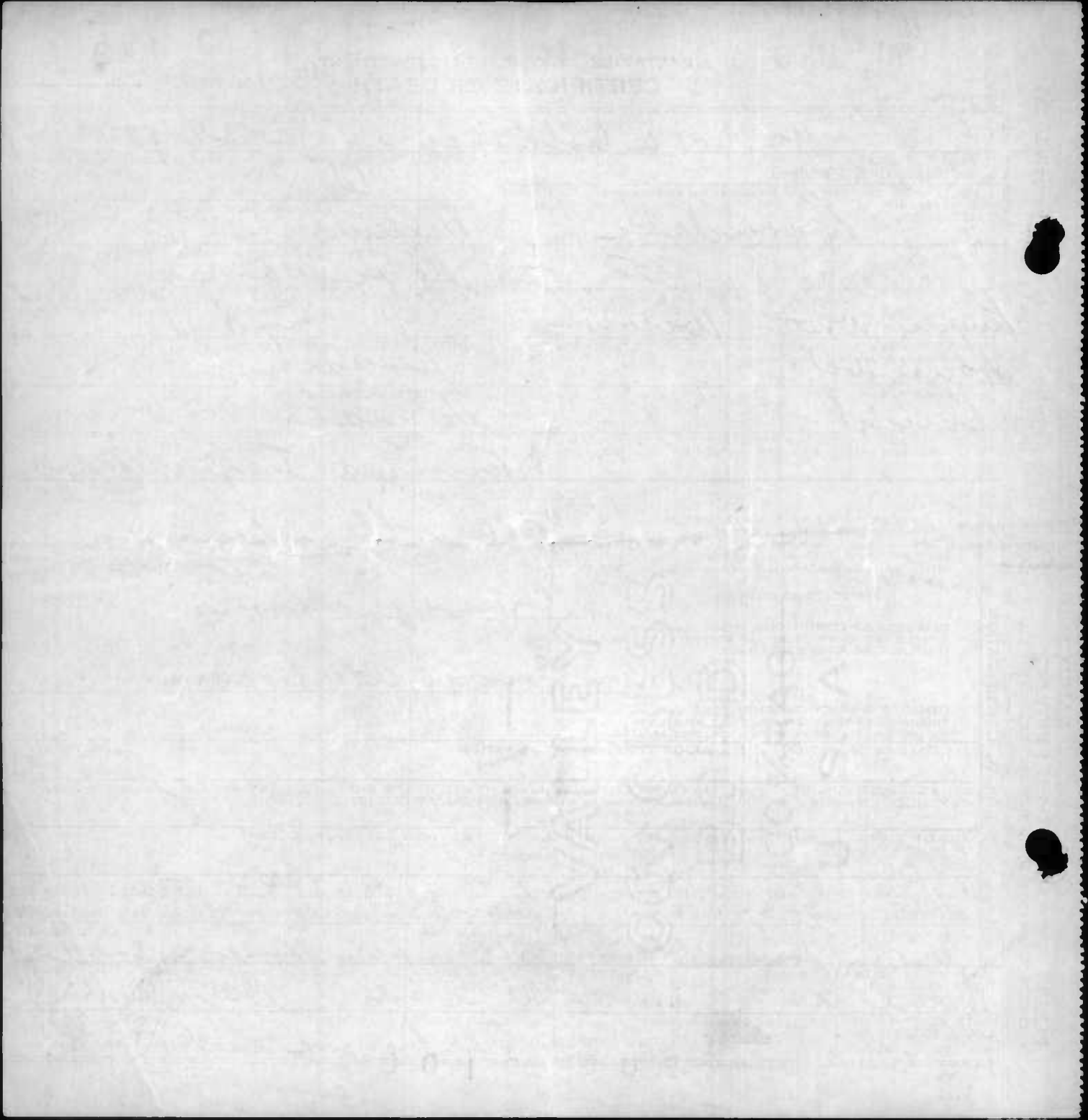
Hester for Williams

JACK Kewyke 2100 Canton Rd

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CHARLES B. FRANK

2. DATE
OF
DEATH

2-4-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Md

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

950 Brooke Lane

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

13-01

D. STREET ADDRESS (If rural, give location)

950 Brooke Lane

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life or as if retired)

Real Estate

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Ephraim

14. MOTHER'S MAIDEN NAME

Eva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Frank 950 Brooke Lane

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Crown Thrombosis
Previous coronary attacks

16 hours
4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Diabetes Mellitus

Unknown

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 4, 1950 to Feb 4, 1950 that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles D. Carter

M. O.

23B. ADDRESS

11 P. Chase St

23C. DATE SIGNED

Feb 6, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-5-50

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Herring Ave

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis 2100 Belton Pl

ADDRESS

FEB 6 1950

276F1

0500001010

61

Ed Carter
Mun 5580
Tours 1613

3rd Overbrook Rd

Stanley - Del + York Rd
No Rogers Ford
Overbrook + 7

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH443 50 1011
Registered No.F 50 1011
534
BIRTH NO.

1. NAME OF DECEASED (Type or Print) AUGUSTUS		2. DATE OF DEATH February 3, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 308 N. Parrish Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 6, 1895
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter	11. BIRTHPLACE (State or foreign country) Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME unknown	
14. MOTHER'S MAIDEN NAME unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Eddie B. Piggott - lightfoot	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Myocardial insufficiency DUE TO hypertensive heart disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from <u>Autopsy, Inspection or Inquiry</u> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Russell S. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 2-3-50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 2-5-50	24C. NAME OF CEMETERY OR CREMATORY Williamson Va.	24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Williamson	25. FUNERAL DIRECTOR G. L. Linstead - 918 - Howard Hill ave. ADDRESS		

FEB 5 - 1950
45884

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1012
4-155

50 1012

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Caroline Hoffman

2. DATE
OF
DEATH

2/3/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

409 S. Caton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 19, 1860

9. AGE (In years;
last birthday)

90

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ernest H. Rittershofer

14. MOTHER'S MAIDEN NAME

Fredescha Albrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Emma Stunkard 409 S. Caton

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-sclerosis (generalized)

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

7

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct*, 19*41*, to *Feb 3*, 19*50*, that I last saw the
deceased alive on *Jan 27*, 19*50*, and that death occurred at *4 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

J. M. Collins

23B. ADDRESS

3321 Frederick Ave.

23C. DATE SIGNED

2/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6th 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town or county)

Frederick Ave. Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Dill Bros. 9319 Ave

ADDRESS

VS 150

1 5 5 0 - 0 0 0 1 0 1 2

83a

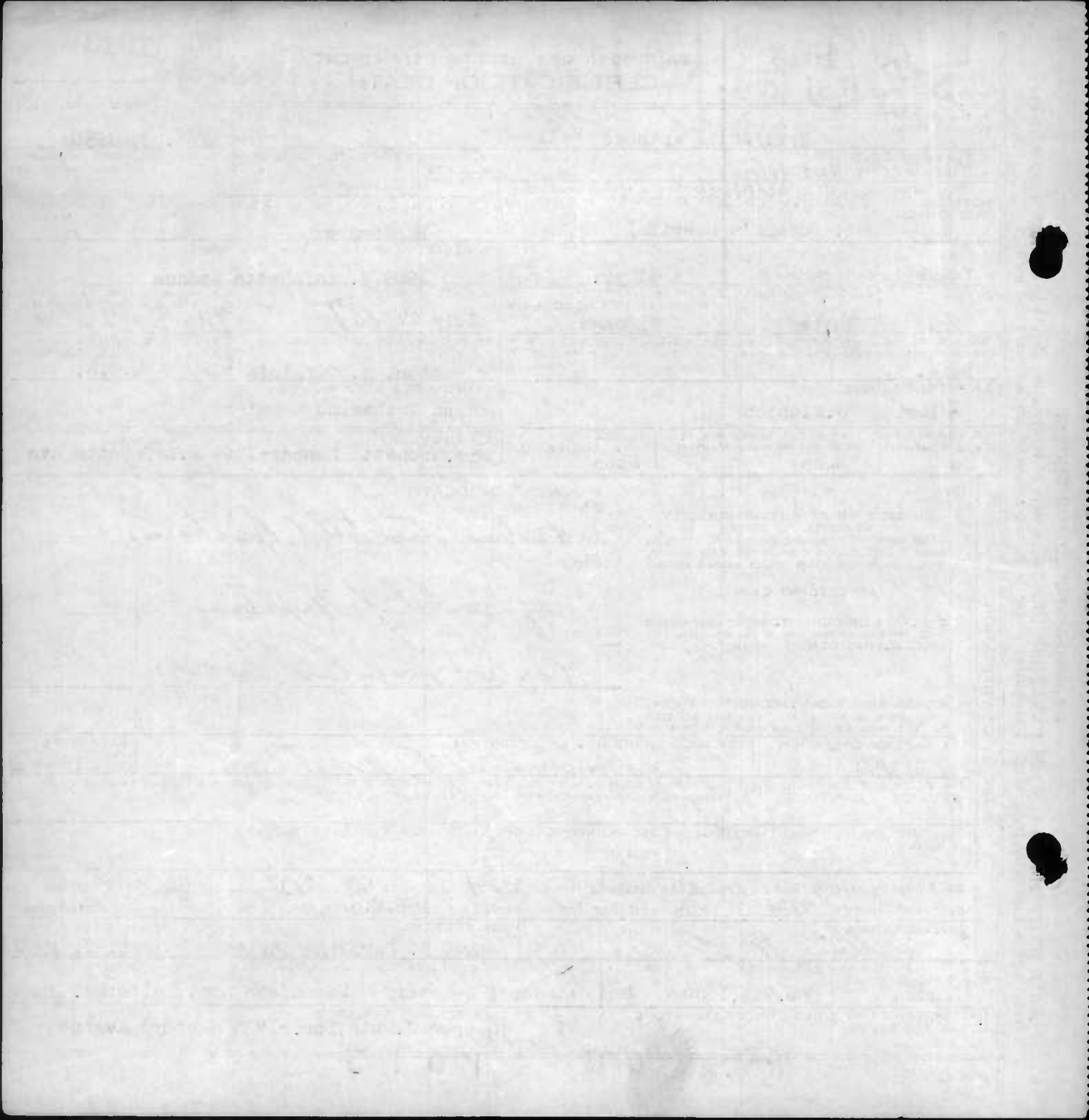
W. Callin

F-400 50 1013		BALTIMORE CITY HEALTH DEPARTMENT		17° 50 1013	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Mrs. Julia Frances Fell			2. DATE OF DEATH Feb. 3, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1400 N. Caroline Street St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-06		
c. Length of stay in Baltimore 51 yr.			D. STREET ADDRESS (If rural, give location) 1909 E. Lafayette Avenue		
5. SEX Fe.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 27, 1877	9. AGE (In years last birthday) 72	10. Under 1 Year Months: 6 Days: 7 <input checked="" type="checkbox"/> Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hwfe.			11. BIRTHPLACE (State or foreign country) Weston, W. Virginia		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Elbridge G. Minnich			14. MOTHER'S MAIDEN NAME Anna Catherine Kessler		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Mrs. Archetta Kemper-1909 E. Lafayette Ave		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acidemia standstill (operative com) DUE TO (B) Myocardial infarction DUE TO (C) Coronary vascular disease			INTERVAL BETWEEN ONSET AND DEATH		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2/3/50		19B. MAJOR FINDINGS OF OPERATION Carcinoma left breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/29/ 19 50 to 2/3/ 19 50 , that I last saw the deceased alive on 2/3/ 19 50 , and that death occurred at 2:10 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE William B. Rogers M.D.		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED Feb. 2, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 7th, 1950		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) (State) Edmondson Ave., Balto: Md.		25. FUNERAL DIRECTOR ADDRESS George J. Ruth, Inc.-1735 Harford Avenue			
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE William B. Rogers			

FEB 5-1950

1013

50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William

A.

Dean

2. DATE
OF
DEATH

Feb. 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-12

D. STREET ADDRESS (If rural, give location)

425 Croydon Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Oct. 2, 1877

9. AGE (in years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ticket Taker

10B. KIND OF BUSINESS OR INDUSTRY

Motion Picture

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Dean

14. MOTHER'S MAIDEN NAME
Elizabeth Devlin15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

218-22-5649

17. INFORMANT

ADDRESS

Mrs. Naomi O'Connor, 425 Croydon

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 4, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 6 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. M. Jenkins 2713 Kirk Ave

FEB 5 - 1950

2669V

5 5 0 0

J. M. Jenkins

930

2713 Kirk Ave

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of informant		11. Signature of witness		12. Signature of coroner	
13. Signature of undertaker		14. Signature of funeral home		15. Signature of cemetery		16. Signature of church	
17. Signature of school		18. Signature of hospital		19. Signature of nursing home		20. Signature of other institution	
21. Signature of other institution		22. Signature of other institution		23. Signature of other institution		24. Signature of other institution	
25. Signature of other institution		26. Signature of other institution		27. Signature of other institution		28. Signature of other institution	
29. Signature of other institution		30. Signature of other institution		31. Signature of other institution		32. Signature of other institution	
33. Signature of other institution		34. Signature of other institution		35. Signature of other institution		36. Signature of other institution	
37. Signature of other institution		38. Signature of other institution		39. Signature of other institution		40. Signature of other institution	
41. Signature of other institution		42. Signature of other institution		43. Signature of other institution		44. Signature of other institution	
45. Signature of other institution		46. Signature of other institution		47. Signature of other institution		48. Signature of other institution	
49. Signature of other institution		50. Signature of other institution		51. Signature of other institution		52. Signature of other institution	
53. Signature of other institution		54. Signature of other institution		55. Signature of other institution		56. Signature of other institution	
57. Signature of other institution		58. Signature of other institution		59. Signature of other institution		60. Signature of other institution	
61. Signature of other institution		62. Signature of other institution		63. Signature of other institution		64. Signature of other institution	
65. Signature of other institution		66. Signature of other institution		67. Signature of other institution		68. Signature of other institution	
69. Signature of other institution		70. Signature of other institution		71. Signature of other institution		72. Signature of other institution	
73. Signature of other institution		74. Signature of other institution		75. Signature of other institution		76. Signature of other institution	
77. Signature of other institution		78. Signature of other institution		79. Signature of other institution		80. Signature of other institution	
81. Signature of other institution		82. Signature of other institution		83. Signature of other institution		84. Signature of other institution	
85. Signature of other institution		86. Signature of other institution		87. Signature of other institution		88. Signature of other institution	
89. Signature of other institution		90. Signature of other institution		91. Signature of other institution		92. Signature of other institution	
93. Signature of other institution		94. Signature of other institution		95. Signature of other institution		96. Signature of other institution	
97. Signature of other institution		98. Signature of other institution		99. Signature of other institution		100. Signature of other institution	

B-656

50 1015

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1015
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY

BORNHORN

2. DATE
OF
DEATH

February 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If Institution: residence

A. STATE

B. COUNTY

before admission)

Maryland 864 MacLearie Court

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2305 St. Paul Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

McLearie

D. STREET ADDRESS (If rural, give location)

2305 St. Paul Street

10-02

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED, (Specify)

married

8. DATE OF BIRTH

April 16, 1879

9. AGE (In years

last birthday)

70

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATCHMAN

10B. KIND OF BUSINESS OR

INDUSTRY

RAILROAD

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mr. Bornhorn

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

Yes

17. INFORMANT

ADDRESS

Mrs. Laura M. Bornhorn

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of esophagus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Carl L. Royer

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Baltimore

Feb 6/50

Holy Redeemer

Bela Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

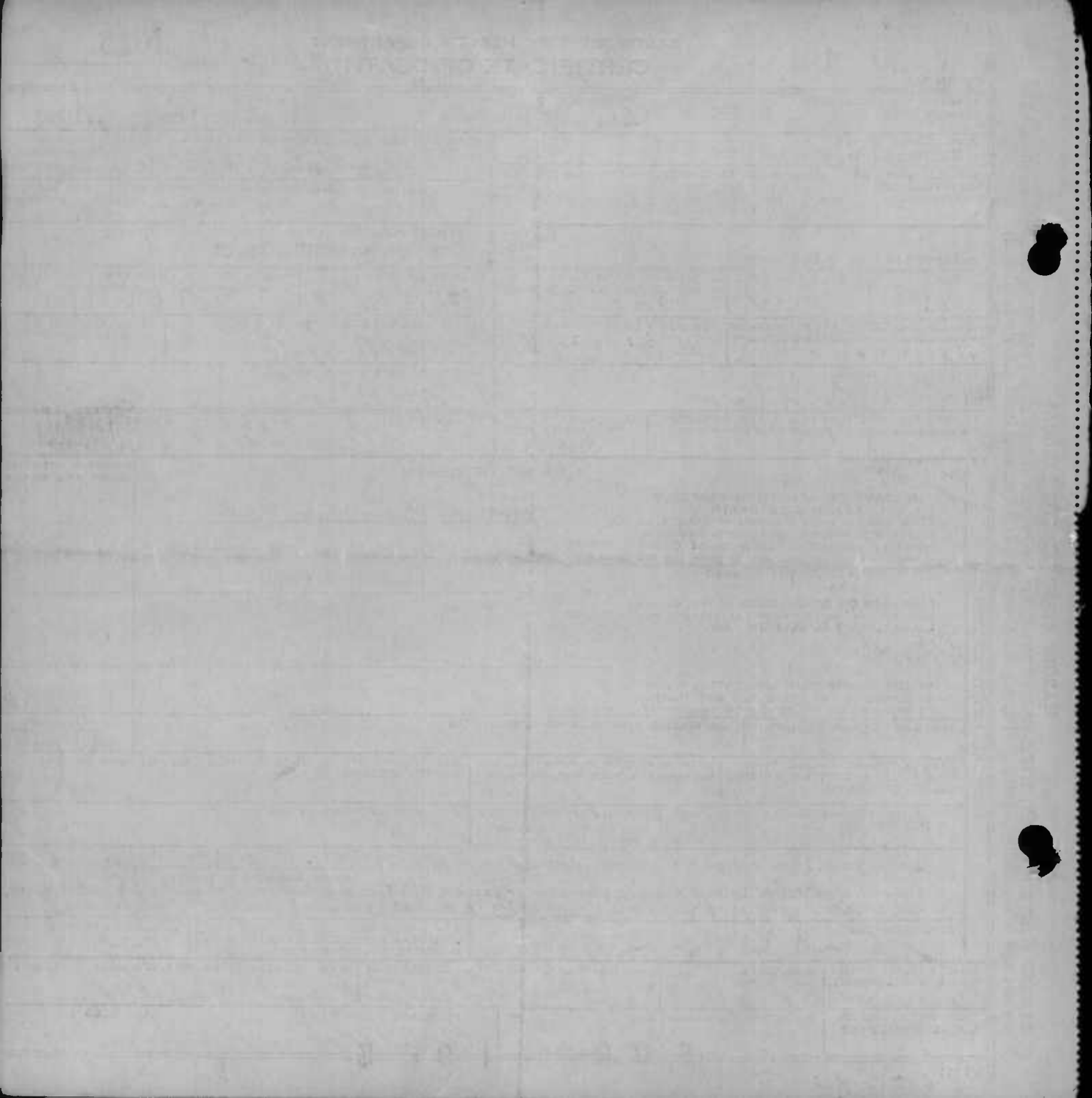
ADDRESS

Geo. M. Smith

VS 1515-1950

60290

46a



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1016
Registered No. 50 1016

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALICE ANN ROGERS

2. DATE
OF
DEATH

Feb. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2508 N. Charles St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2508 N. Charles St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 18, 1859

9. AGE (in years
last birthday)

90

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Surgical Appliances

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles W. Rogers

14. MOTHER'S MAIDEN NAME

Catherine A. Giles

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Georgena Rogers, 2508 N. Charles St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cardio Vascular, Ruptured
Aortic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19, to Feb 4, 1950, that I last saw the
deceased alive on Feb 3, 1950, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

George H. Cross

23B. ADDRESS

M. D.

28 W 25th St.

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FEB 6 - 1950

William Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 150

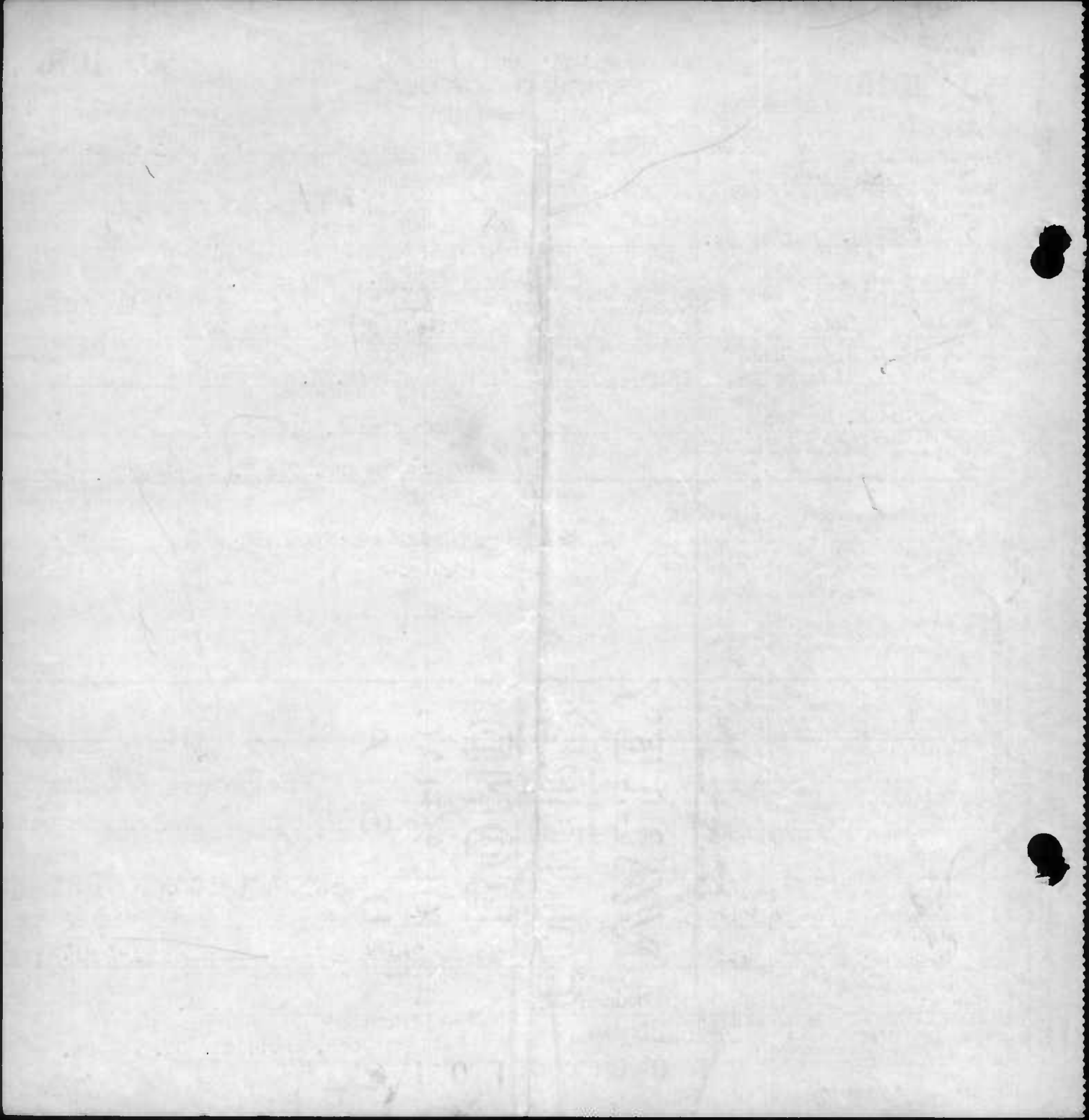
15642

500001016

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 1017**
50 1017

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIAN M. ROTTMAN		2. DATE OF DEATH Feb. 2, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2919 Brighton St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00		D. STREET ADDRESS (If rural, give location) 2919 Brighton St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hairdresser		10B. KIND OF BUSINESS OR INDUSTRY Own Shop	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? 16-07	
13. FATHER'S NAME Charles M. Vance		14. MOTHER'S MAIDEN NAME Ella M. Morton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Morris Rottman, 2919 Brighton St.		ADDRESS	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac failure		1 yr.
(A) DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary Thrombosis		
(B) DUE TO		
(C) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/26, 1950 to 2/2, 1950 that I last saw the deceased alive on 2/1, 1950 , and that death occurred at 8 P. m. , from the causes and on the date stated above.				
23A. SIGNATURE Joseph L. Shuman M. D.		23B. ADDRESS 11 E Chase St		23C. DATE SIGNED 2/2/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/6/50	24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge	24D. LOCATION (City, town, or county) (State) Dorsey, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 1950		REGISTRAR'S SIGNATURE William Cook, Inc.		25. FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1018

BIRTH NO. 50 1018

1. NAME OF DECEASED
(Type or Print)

Frances Becker

2. DATE
OF
DEATH

Feb 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

119 N. Front St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

119 N. Front St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Mar. 9, 1877

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Pasocha

14. MOTHER'S MAIDEN NAME

Katherina (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert Becker, 119 N. Front St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer J.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb 4, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/3/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.

UNITED STATES DEPARTMENT OF AGRICULTURE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 1019**

 BIRTH NO. **362**
50 1019

1. NAME OF DECEASED (Type or Print) <i>Teresa Peters</i>		2. DATE OF DEATH <i>2/4/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>12 Irving Place</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md 6-05</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>12 Irving Place</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/31/1881</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) <i>68</i>
11. BIRTHPLACE (State or foreign country) <i>Balto. Co. Md.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Jacob Hebler</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Teresa Peters</i>		ADDRESS <i>2328 Aiken St</i>	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Hypertensive Arteriosclerotic C.V. disease</i> DUE TO		
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				

23A. SIGNATURE <i>C. Pichinski</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED <i>2/4/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/7/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1950</i>		25. FUNERAL DIRECTOR <i>Wm. Cook Inc. 1257 St. Paul St.</i>		

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Signature of physician		8. Signature of registrar	
9. Name of informant		10. Address of informant		11. City		12. County	
13. State		14. Zip		15. Date of filing		16. Registrar's office	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1020

BIRTH NO.

421.4 50 1020

1. NAME OF DECEASED (Type or Print) <i>Delia Schwatka</i>			2. DATE OF DEATH <i>2/4/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5719 York Rd.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 27-08 15</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>5719 York Rd</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Aug 10th 1896</i>	9. AGE (in years last birthday) <i>73</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clark</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Md. Casualty Co.</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John A. Schwatka</i>			14. MOTHER'S MAIDEN NAME <i>Frederick Cook</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Mrs. Rachel Bradshaw 5719 York Rd</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Valvular Heart Disease today</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Chronic heart disease</i>			DUE TO <i>Edema</i>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan. 15, 1950</i> , to <i>Feb. 4, 1950</i> , that I last saw the deceased alive on <i>Feb. 4, 1950</i> , and that death occurred at <i>9:30</i> p. m. from the causes and on the date stated above.					
23A. SIGNATURE <i>John A. Schwatka</i>		23B. ADDRESS <i>1001 A Duval St.</i>		23C. DATE SIGNED <i>Feb. 4, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/7/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Cook Inc. 1217 St. Paul St.</i>			

VS 150

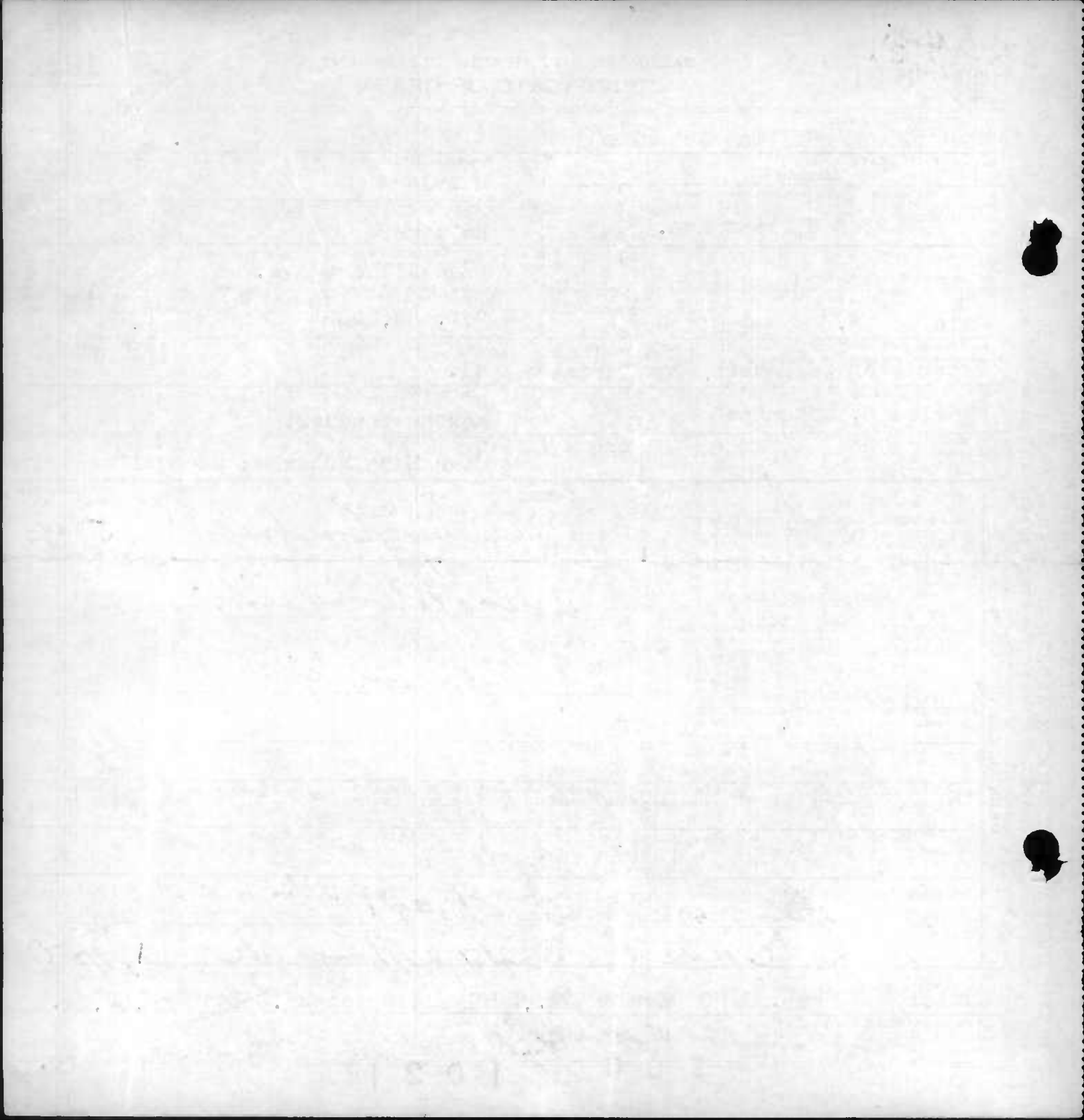
26680 7500001020

927

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1021BIRTH NO. 50 1021

1. NAME OF DECEASED (Type or Print) William Schanken			2. DATE OF DEATH Feb. 2/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2248 Wilkens Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-05		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 2248 Wilkens Ave.		
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Oct. 29, 1887		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor of Tavern, Own Business			11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles A. Schanken			14. MOTHER'S MAIDEN NAME Bertha Sanduski		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Edna Schanken 2248 Wilkens Ave		

MEDICAL CERTIFICATION	18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 days
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arterio Sclerosis Dietsko		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Mysocarditis		
	19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1949 to Feb 2, 1950 that I last saw the deceased alive on Feb 2, 1950 and that death occurred at 6:15 P.M. from the causes and on the date stated above.			
23A. SIGNATURE Richard C. Dietrich	M. D.	23B. ADDRESS 2151 Wilkens Ave	23C. DATE SIGNED 2/4/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 6/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk., 3801 Frederick Rd. Baltimore, 29, Md.	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950	REGISTRAR'S SIGNATURE Amstrong Williams, M.D.	25. FUNERAL DIRECTOR Larry H. Wright	ADDRESS 4101 Edmondson Ave.



W-420

50 1022

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) Baltimore City, Maryland

(b) Street address

(c) Hospital or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in Baltimore (yrs., mos., or days)

3 (a) FULL NAME

3 (b) If veteran, name war

3 (c) Social Security Account

4. Sex

5. Color or race

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years

Months

Days

If less than one day

9. Birthplace

(Town, county, and state)

10. Usual Occupation

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden Name

15. Birthplace

16 (a) Informant

(b) Address

17 (a)

(Burial, cremation, or removal)

(b) Date thereof

(month) (day) (year)

(c) Cemetery or crematory

Location

18 (a) Funeral director

(b) Address

19 (a)

(Date rec'd by registrar)

(b)

Registrar

2. USUAL RESIDENCE OF DECEASED:

(a) State

(b) County

(c) City or town

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH

2/5/1950, at 11:45 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 8/1/1947 to 2/5/1950 and that I last saw him alive on 2/5/1950.

Immediate cause of death

Duration

Due to

Due to

Other Conditions

(Include pregnancy within 3 months of death)

Date of operation

Major findings of operation:

of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

at M

(c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place?

(Specify type of place)

While at work?

(e) Means of injury

23. Signature

Address

Date signed

INSTRUCTIONS FOR MEDICAL CERTIFICATION

WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

DEFINITION OF UNDERLYING CAUSE OF DEATH:

The disease entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words *due to* and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE

cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 months of death should be included because so many times causes of maternal death are missed unless this information is noted.

If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see **PHYSICIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION** issued by the U. S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 50 1023
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sherman Hill

2. DATE
OF
DEATH

Feb. 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1618 Division St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1618 Division St.

c. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 28, 1881

9. AGE (in years,

last birthday)

68

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of work life, even if retired)

Painter

10B. KIND OF BUSINESS OR
INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Edgecombe Co. N.C.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph J. Hill

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Rhee D. Hill 1618 Division St.

ADDRESS

18.

CAUSE OF DEATH

 I
 DISEASE OR CONDITION DIRECTLY
 LEADING TO DEATH
 (This does not mean the mode of dying, e. g.,
 heart failure, asthenia, etc. It means the disease,
 injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

(B)

DUE TO

 DISEASES OR CONDITIONS, IF ANY, GIVING
 RISE TO THE ABOVE CAUSE (A) STATING THE
 UNDERLYING CONDITION LAST.

II

(C)

 OTHER SIGNIFICANT CONDITIONS CON-
 TRIBUTING TO THE DEATH, BUT NOT RELATED
 TO THE DISEASE OR CONDITION CAUSING IT.
INTERVAL BETWEEN
ONSET AND DEATH
 Jan 30
 to
 Feb. 2

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

 22. I hereby certify that I attended the deceased from Jan. 30, 1950, to Feb. 2, 1950, that I last saw the
 deceased alive on Feb. 1, 1950, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Garland Quinn

23B. ADDRESS

1534 Daniel Hill Ave

23C. DATE SIGNED

Feb. 4, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 6 - 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Shalland Funeral Home

ADDRESS

400 Daniel Hill Ave.

VS 150

52086

950000

94a

020107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1024
Registered No.50 1024
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Marion C. Clary</i>			2. DATE OF DEATH <i>Feb. 3, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1125 Argyle Ave.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1125 Argyle Ave.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 3, 1896</i>		9. AGE (In years, last birthday) <i>53</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Samuel P. Clark</i>			14. MOTHER'S MAIDEN NAME <i>Christine Burnett</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>This Marion P. Clary 1125 Argyle Ave.</i>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma of Stomach</i>		<i>?</i>
DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Malnutrition</i>		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>Nov. 1944</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinoma to metastases</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>11/12</i> , 19 <i>49</i> , to <i>2/3</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/2</i> , 19 <i>50</i> , and that death occurred at <i>2:45 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. Garner</i>		23B. ADDRESS M. D. <i>2536 George St</i>		23C. DATE SIGNED <i>2/4/50</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 7, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn</i>	24D. LOCATION (City, town, or county) (State) <i>Bald. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. Garner</i>		25. FUNERAL DIRECTOR ADDRESS <i>Hallam Funeral Home</i>

12010003

N-628-135428

50 1025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1025

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Jordon Norris

2. DATE
OF
DEATH

Feb. 5- 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural(Towson)

D. STREET ADDRESS (If rural, give location)

417 E. Pennsylvania Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 20- 1878

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Norris

14. MOTHER'S MAIDEN NAME

Mary Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular
Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-1950 to 2-5-1950, that I last saw the
deceased alive on 2-5-1950, and that death occurred at 8:45 AM, from the causes and on the date stated above.

23A. SIGNATURE

P. S. Rosen

M. D.

23B. ADDRESS

Baltimore City Hospitals

23C. DATE SIGNED

2-5-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 9, 1950

Pleasant Rest

Towson, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1950

Wilmington, Delaware

Holland Funeral Home

VS 150

98899

163 Druid Hill Ave

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1026BIRTH NO. 50 1026

1. NAME OF DECEASED (Type or Print) <u>JENNIE Zimmerman</u>			2. DATE OF DEATH <u>2-5-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>15-13</u>		
c. Length of stay in Baltimore <u>44 Yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>2531 Quantico Avenue</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>1886</u>	9. AGE (In years last birthday) <u>63</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13. FATHER'S NAME <u>Isaac Shapiro</u>			14. MOTHER'S MAIDEN NAME <u>Ida Bluestein</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Mrs Anna Butler 2531 Quantico Ave.</u>		

18.	I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <u>Cancer of uterus & metastasis</u>	INTERVAL BETWEEN ONSET AND DEATH
	DUE TO			
	ANTECEDENT CAUSES			
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12/22</u> , 19 <u>50</u> , to <u>2-5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>50</u> , and that death occurred at <u>1:45 Pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Donald KOS</u>		23B. ADDRESS <u>Sinai Hosp</u>		23C. DATE SIGNED <u>2-5-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-6-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Workmen Circle</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore, Md.</u>		25. FUNERAL DIRECTOR <u>Sol Levinson & Bros</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 6 - 1950</u>		REGISTRAR'S SIGNATURE <u>William H. Williams</u>		25. FUNERAL DIRECTOR <u>1124-26 W/ North Avenue</u>	

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

WATER RESOURCES DIVISION

S-362

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1027 Registered No.

50 1027

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Rose Strouse</i>		2. DATE OF DEATH <i>2-3-50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>27 N. Carey St</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Samaritan Hospital Baltimore</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
D. STREET ADDRESS (If rural, give location) <i>119 S. Scott St.</i>		E. Yrs. Mos. Days			
c. Length of stay in Baltimore					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>May 1 - 1876</i>	9. AGE (In years last birthday) <i>73</i>	10. Under 1 Year Months: Days <i>9</i> 3
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Baltimore Ind.</i>	
13. FATHER'S NAME <i>Henry Strouse</i>			14. MOTHER'S MAIDEN NAME <i>Susan Snack</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No.</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mary L. Cullen, 119 S. Scott St</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cardiac Degeneration</i>		CAUSE OF DEATH (A) <i>Cardiac Degeneration</i> DUE TO (B) <i>Arricular fibrillation</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-3</i> <i>50</i> , to <i>2-3</i> <i>50</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>2:55</i> P.m. from the causes and on the date stated above.					
23A. SIGNATURE <i>W. B. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bg</i>		23C. DATE SIGNED <i>2-3-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 6-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cem. Balto. Ind</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR <i>Mamie Book Syfee</i>		ADDRESS <i>1600 W. 95c</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

77087

Attended by several doctors in the Home and pronounced her dead. W. B. Johnson 95c

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1 3 0 1 0 0 0

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1028

BIRTH NO. 50 1028

1. NAME OF DECEASED (Type or Print) Carl F. Blomeier (Blomeir)			2. DATE OF DEATH Feb. 5, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 146 S. London Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-08		
c. Length of stay in Baltimore 38 YRS. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 146 S. London Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 24, 1892		9. AGE (in years last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLUMBER		10B. KIND OF BUSINESS OR INDUSTRY Men's HATS	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF U.S.A.
13. FATHER'S NAME William Blomeier			14. MOTHER'S MAIDEN NAME Wilhelmina Prissinger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES		16. SOCIAL SECURITY NO. 216-07-5317	17. INFORMANT ADDRESS ANNA M. Blomeier 146 S. London Ave		
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Disease (A) DUE TO II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Wm. H. Kammer, Jr.			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 5, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2-8-50	24C. NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL		24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950		REGISTRAR'S SIGNATURE Wm. H. Kammer, Jr.		25. FUNERAL DIRECTOR ADDRESS Geo. L. Schwab 2101 Frederick Ave	



NOT A MEDICAL EXAMINER'S CASE

R. H. Fisher

M.D.

CHIEF OR ASS'T. MEDICAL EXAMINER

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

State of Maryland 49-18500
 Hospital Disposal BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

BIRTH NO. 50 1030 Registered No. 50 1030

1. NAME OF DECEASED (Type or Print) <i>Judy May Minnick</i>		2. DATE OF DEATH <i>Jan. 27, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1744 4 E.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19 Rural</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>2842 Lodge Farm Road</i>	
6. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>8-28-49</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>5</i> H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Clarence Minnick</i>		14. MOTHER'S MAIDEN NAME <i>Mary Wood</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Aortic stenosis</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Myocardial infarction</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Left coronary insufficiency</i>		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>12-14-1949</i> to <i>1-27-1950</i> , that I last saw the deceased alive on <i>1-27-1950</i> and that death occurred at <i>3:40</i> p. m., from the causes and on the date stated above.				
23a. SIGNATURE <i>Harrison C. Spencer</i> M. D.		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>1/28/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>

VS 150
 1 5 0 0 0 0 1 0 5 0
 157E

CERTIFICATE OF DEATH

FILE NO.

Name of Deceased		Sex		Age		Date of Birth		Place of Birth	
Last Name		First Name		Middle Name		Date		Place	
Occupation		Cause of Death		Manner of Death		Date of Death		Place of Death	
Signature of Physician		Signature of Coroner		Signature of Registrar		Signature of Witness		Signature of Deceased	

Death of
 Person
 at
 New York

100-100000
 100-100000
 100-100000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1031

Registered No.

50 1031

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCIS (LOMBARD) Lombard		2. DATE OF DEATH 2/4/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTIMORE	
5. FULL NAME OF HOSPITAL OR INSTITUTION 35 Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 12-03	
c. Length of stay in Baltimore 18 yrs.		D. STREET ADDRESS (If rural, give location) 440 E. Lorraine Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8/23/1902
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 47 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Peter Lombard LOMBARD		14. MOTHER'S MAIDEN NAME Elizabeth De Beau	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 2-13-05-1010	
17. INFORMANT Rose Lombard		ADDRESS 440 Lorraine Ave	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebro Vascular Accident. 36 hrs		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		(B) Hypertensive arteriosclerotic 3 yrs		
DUE TO		(C) cardio vascular disease.		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) Malignant Nephrosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2/1/1950 to 2/4/1950 , that I last saw the deceased alive on 2/3/1950 , and that death occurred at 12:20 m., from the causes and on the date stated above.				
23A. SIGNATURE Robert E. Esor		23B. ADDRESS Church Home & Hosp		23C. DATE SIGNED 2/4/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 6/1950	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery	24D. LOCATION (City, town, or county) (State) Belair Road Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Thurston Williams	25. FUNERAL DIRECTOR Joseph Tarace Inc. 2013 Sheppard Ave		

FEB 6 - 1950

VS 150

340V9

55000

11031

1312

7

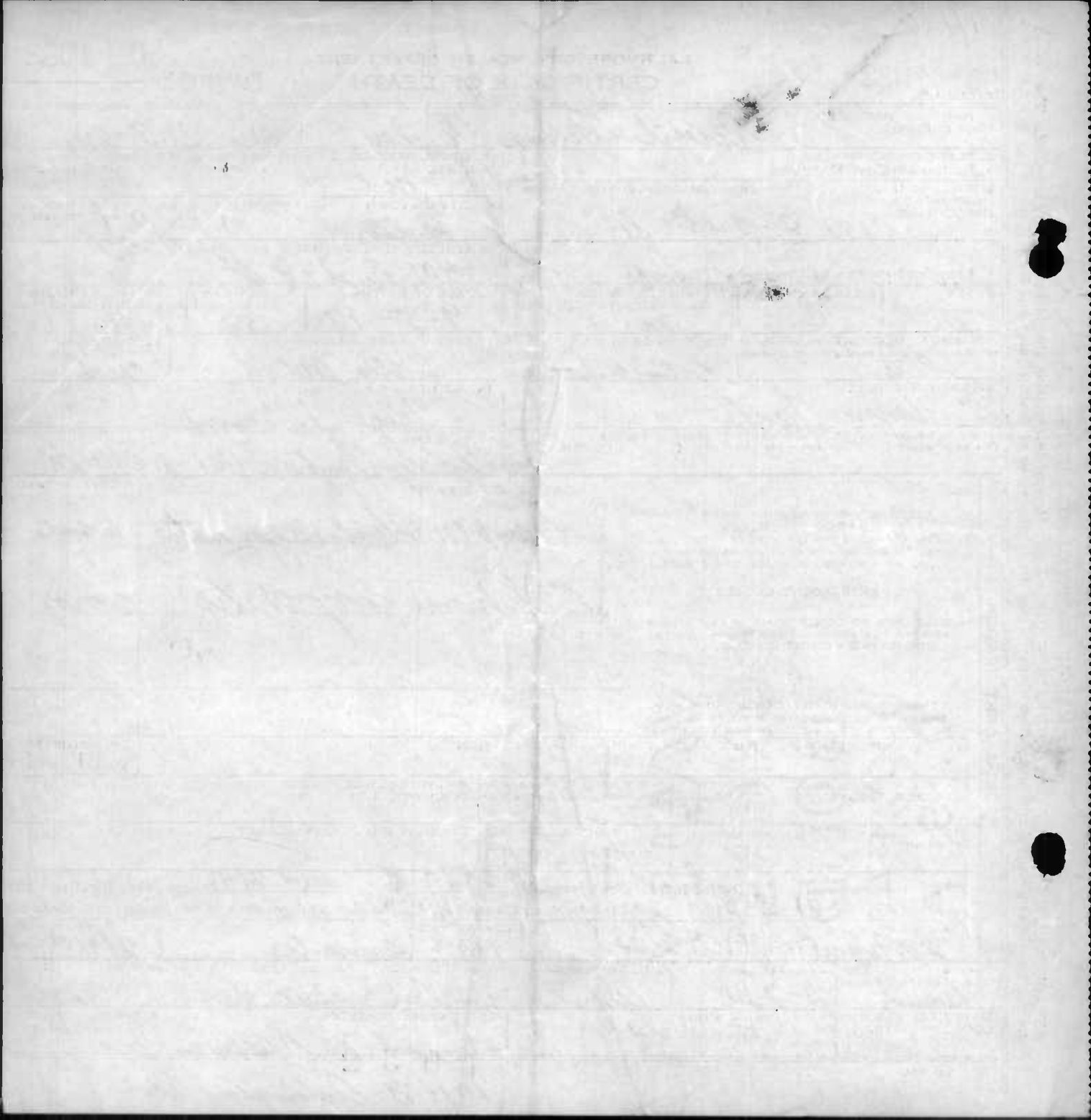
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1032

50 1032
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Robert Thomas Taylor</i>			2. DATE OF DEATH <i>2-3-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>401 E. 24th St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i> <i>12-04</i>		
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>401 E. 24th St</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M.</i>	8. DATE OF BIRTH <i>9-5-97</i>	9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: <i>4</i> Days: <i>29</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Porter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Westinghouse Elec</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>
13. FATHER'S NAME <i>Henry Taylor</i>			14. MOTHER'S MAIDEN NAME <i>Alice Johnson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Adelle Taylor - 401-E-24th St.</i>		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) myocardial degeneration</i> DUE TO <i>6 mrs</i>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) Chronic nephritis</i> DUE TO <i>3 mrs</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>8/2/49</i> , 19__, to <i>2/3/50</i> , 19__, that I last saw the deceased alive on <i>2/3/50</i> , 19__, and that death occurred at <i>4:15 P.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. Franklin Sullivan</i>		23B. ADDRESS <i>1643 Perma. Ave.</i>		23C. DATE SIGNED <i>2/4/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-7-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Co. Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 6 - 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Spanglet W. Sullivan Jr.</i> <i>1011 N. Arlington Ave.</i>	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1033
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Jacob S. Hoffman*2. DATE
OF
DEATH*Feb. 4, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**24-02*

B. FULL NAME OF HOSPITAL OR INSTITUTION

418 GRINDALL ST.

D. STREET ADDRESS (If rural, give location)

418 GRINDALL ST.

c. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

*White*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*MARRIED*

8. DATE OF BIRTH

*April 4, 1872*9. AGE (in years
last birthday)*77*# Under 1 Year
Months: Days# Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Retired Repairman*10B. KIND OF BUSINESS OR
INDUSTRY*Transit, Co.*

11. BIRTHPLACE (State or foreign country)

*MARYLAND*12. CITIZEN OF
WHAT COUNTRY?*U.S.A.*

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*MARY ELIZABETH HOFFMAN**418 GRINDALL*

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Anemia**4 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Heart Cardiac Decompensation**4 wks.*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

*Generalized Arterio-sclerosis**10 yrs.*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Oct. 40, 1948 to 2-4-*, 1950 that I last saw the
deceased alive on *2-4-*, 1950, and that death occurred at *2:40* p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert R. Brown

23B. ADDRESS

2424 Eutaw Place

23C. DATE SIGNED

*2-6-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

Feb 7, 1950

24C. NAME OF CEMETERY OR CREMATORY

DEER PARK

24D. LOCATION (City, town, or county)

Westminister, MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 6 - 1950*

REGISTRAR'S SIGNATURE

Thurston W. Williams

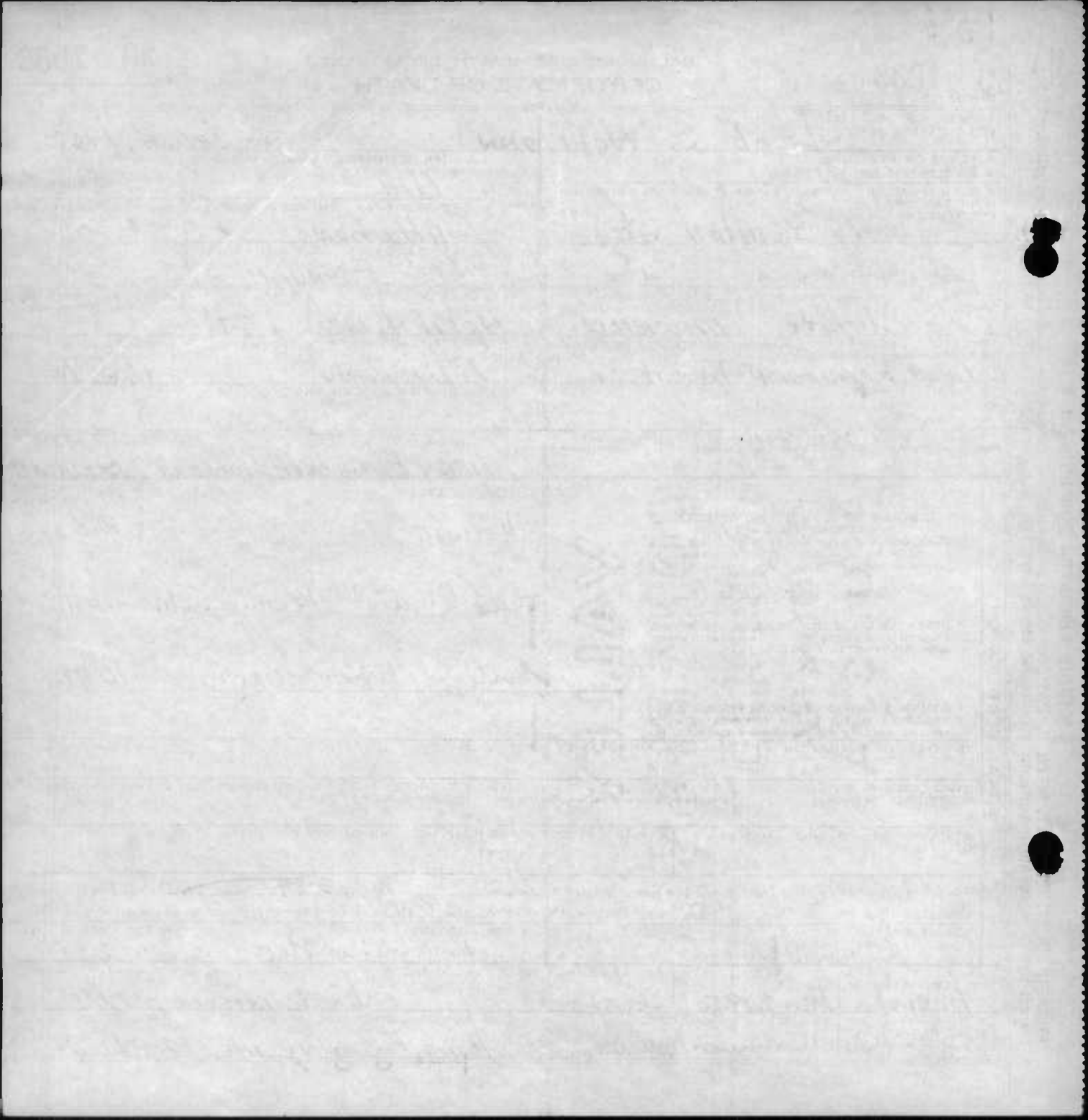
25. FUNERAL DIRECTOR

ADDRESS

*John F. Denny, Inc.**715 LIGHT ST.*

VS 150

*49649**95c*



E 241

50 1034

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1034

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie C. Eickelberg

2. DATE
OF
DEATH

Feb. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3603 Oakmont Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3603 Oakmont Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Aug 29, 1887

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Duval

14. MOTHER'S MAIDEN NAME

Katherine Osterloh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Hugo Eickelberg 3603 Oakmont Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1945 to Feb 4, 1950 that I last saw the
deceased alive on Jan 25, 1950, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. B. Eison

M. D.

23B. ADDRESS

7201 York Rd.

23C. DATE SIGNED

2-4-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 4/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Rogers 5005 Oakmont Ave

ADDRESS

5005 Oakmont Ave

FEB 6 - 1950

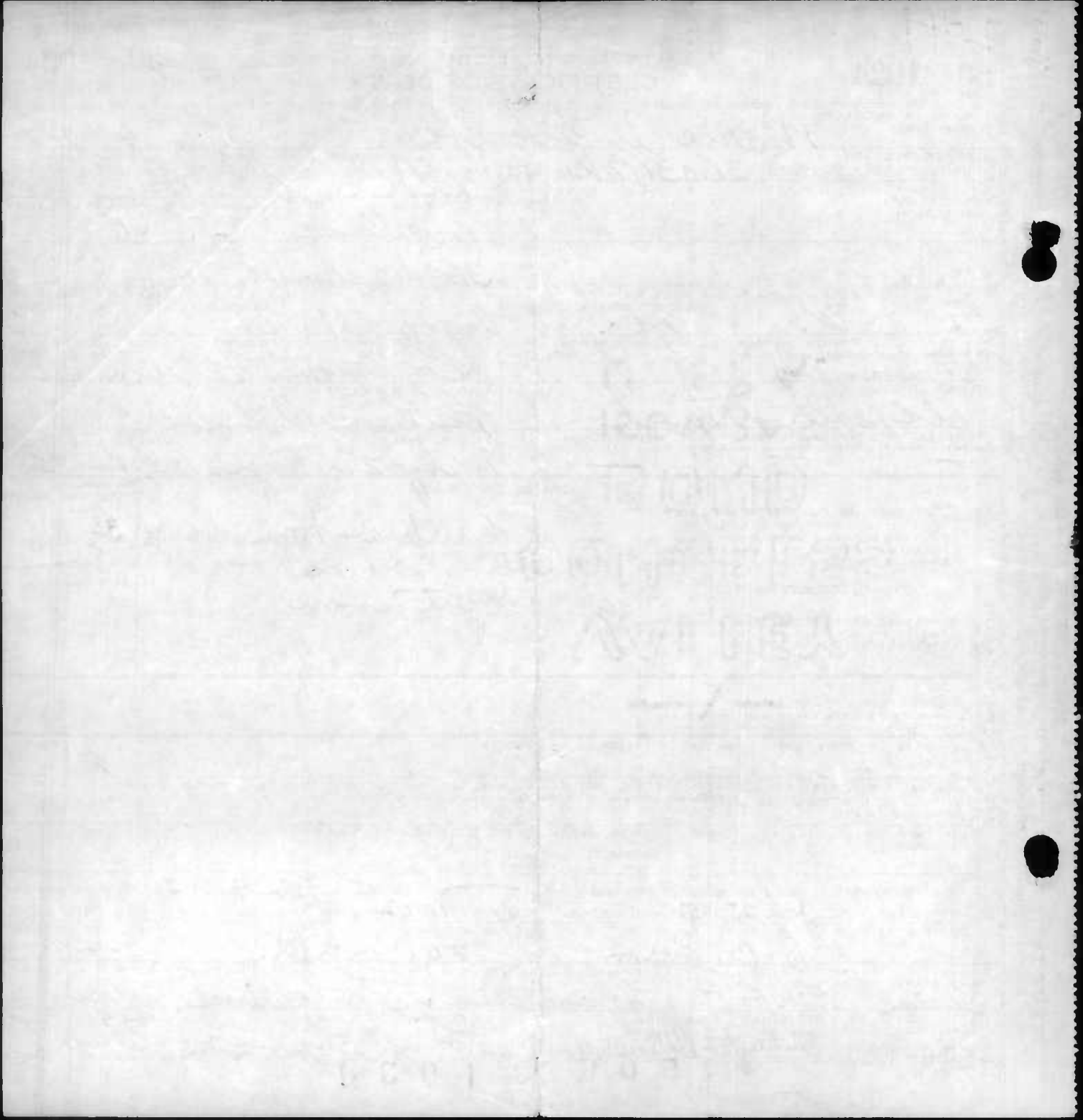
VS 150

500001034

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH-DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

1035

50 1035

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

d. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....

23c. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1950

VS 151

27480

94a

CERTIFICATE OF DEATH

B. 6339
1899.

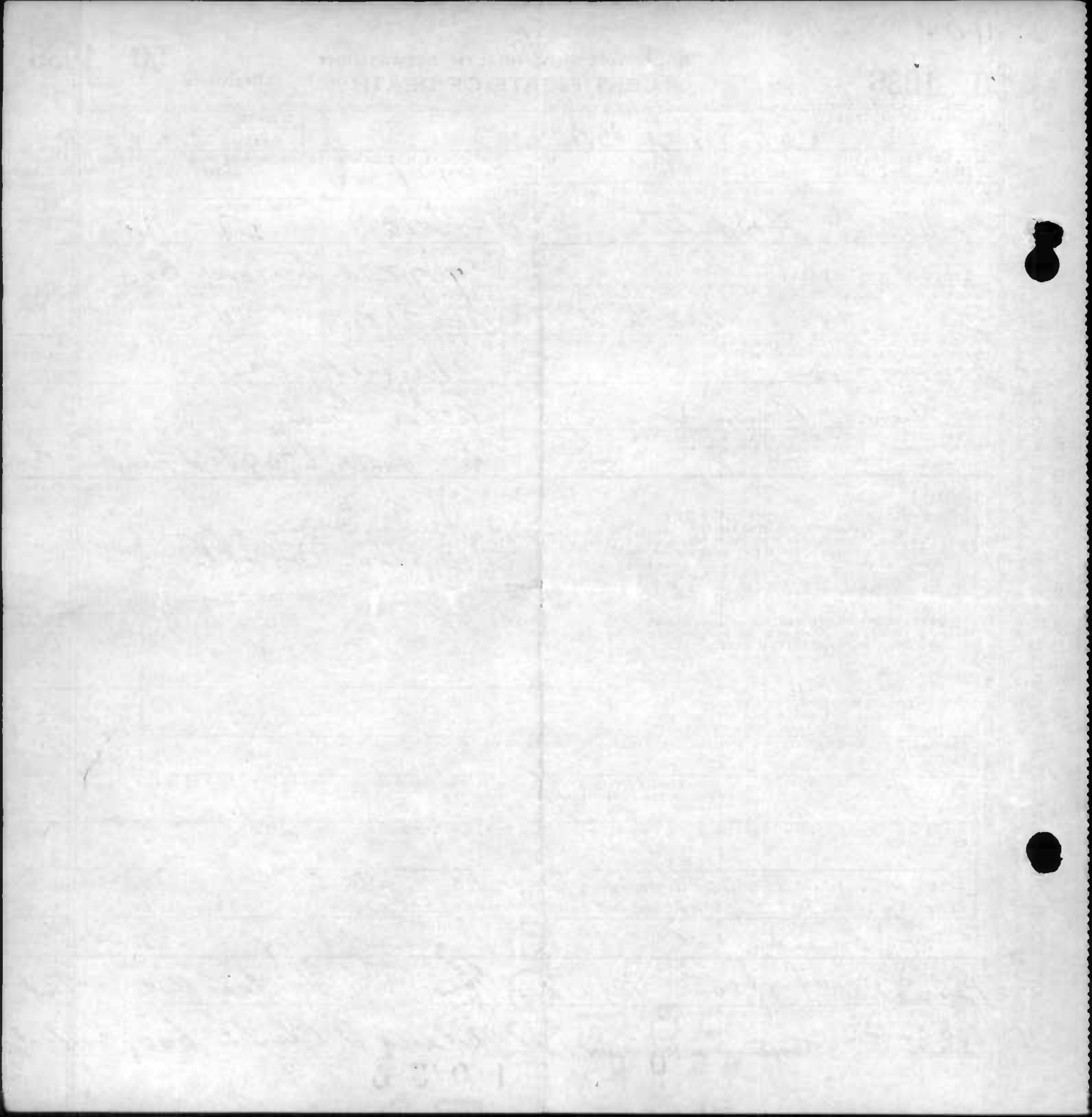
8807-0075

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1036

BIRTH NO. 50 1036

1. NAME OF DECEASED (Type or Print) <i>Maria</i> GOLDIEA BALL			2. DATE OF DEATH 2-4-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Sanai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Balto</i> 27-07		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 6709 Old Harford Rd.		
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 21, 1919</i>	9. AGE (In years, last birthday) <i>30</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Norfolk, Va</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Harry Brown</i>			14. MOTHER'S MAIDEN NAME <i>Ethel Gray</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>D. P. Ball, 6709 Old Harford Rd</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) Hodgkin's Disease C. Hepatic Insuff			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1-18</i> , 19 <i>50</i> to <i>2-4</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2-4</i> , 19 <i>50</i> , and that death occurred at <i>7:05 P</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Leonard Kotz</i>		23B. ADDRESS <i>Sanai Hosp</i>		23C. DATE SIGNED <i>2-4-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>2/7/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Mem.</i>	24D. LOCATION (City, town, or county)	(State) <i>Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950	REGISTRAR'S SIGNATURE <i>Montgomery Williams</i>	25. FUNERAL DIRECTOR <i>Medford 2. Blight</i>		ADDRESS <i>6009 Harford</i>	

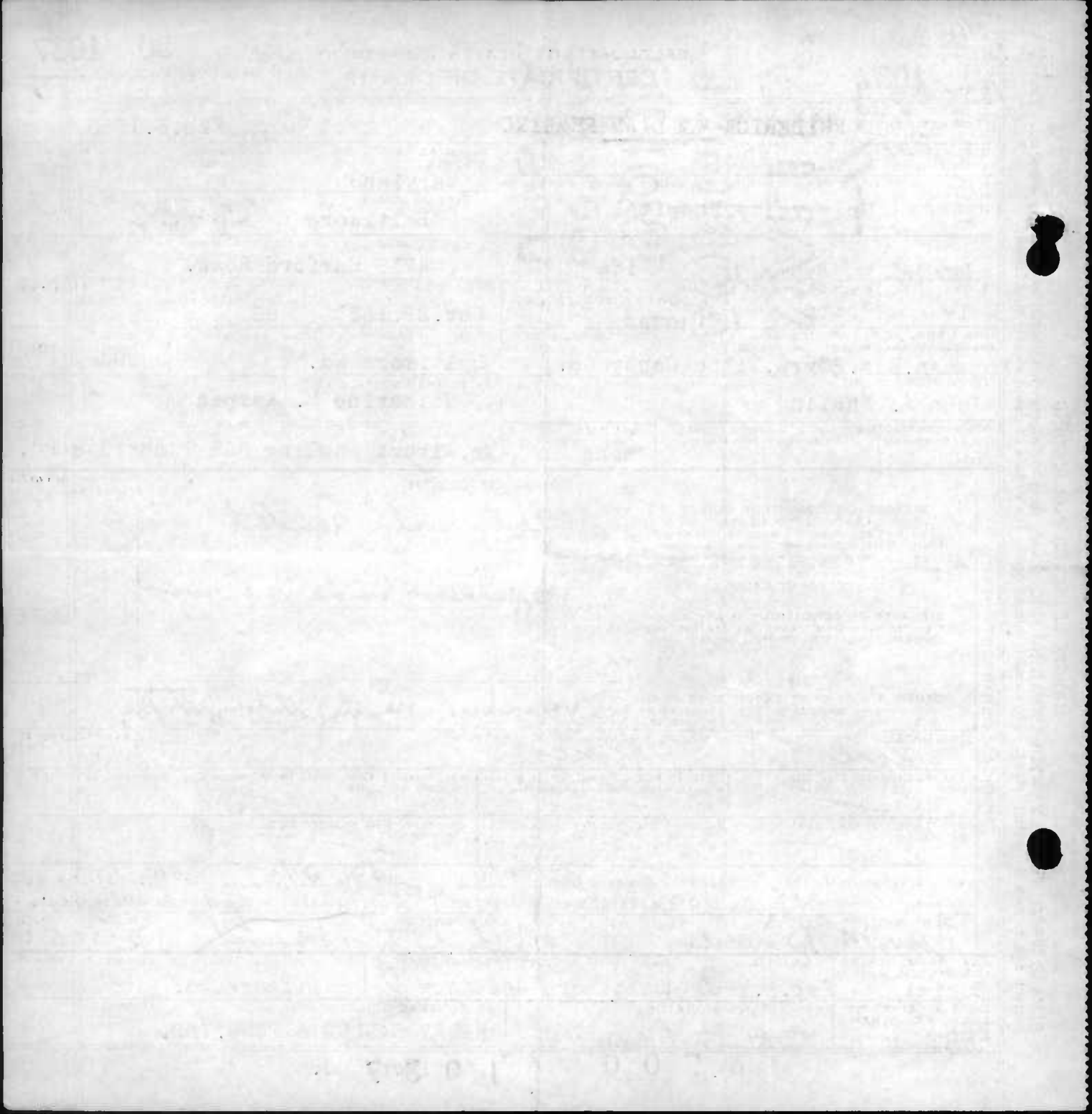


BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1037

545
50 1037

1. NAME OF DECEASED (Type and print name) MILTON FREDERICK WILLIAM EHMLING			2. DATE OF DEATH Feb. 5. 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4719 Harford Road.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 29. 1883	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman Ret. 20yrs. Lipps Candy Co.			11. BIRTHPLACE (State or foreign country) Baltimore Md.		
13. FATHER'S NAME John A. Ehmling			14. MOTHER'S MAIDEN NAME Catherine M. Kampes		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT Mr. Albert Ehmling			ADDRESS 629 Tunbridge Rd.		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) celho-vascular accident					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vase Disease					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. GS hemorrhage, Benign prostatic hypertrophy					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/6 19 50 , to 2/5 19 50 , that I last saw the deceased alive on 2/5 19 50 , and that death occurred at 4:35 A m., from the causes and on the date stated above.					
23A. SIGNATURE James M. Bisara		23B. ADDRESS University Hospital		23C. DATE SIGNED 2-5-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 8. 1950		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950		REGISTRAR'S SIGNATURE Walter Williams		ADDRESS Baltimore Md.	



G-320

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

Registered No. 1038

50 1038
 BIRTH NO.

1. NAME OF DECEASED (Type or Print) George Gustav Geiwitz		2. DATE OF DEATH 2-4-50	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 67 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2206 Aiken St #18	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-16-1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Stage Scenery	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Hans Geiwitz		14. MOTHER'S MAIDEN NAME Anna Grinath	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 215-03-8392	
17. INFORMANT 2206 Aiken Street Mrs. Elizabeth E. Geiwitz			

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Obstructasis of left lung		3 weeks?
DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma left lung		unknown
DUE TO		
III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, WHICH RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Post-hepatic cirrhosis Anasarca, uremia, diffuse GI hemorrhage		1 year 1 mos? terminal
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-25, 1950 to 2-4, 1950 that I last saw the deceased alive on 2-4, 1950 and that death occurred at 7:10 pm. , from the causes and on the date stated above.		
23A. SIGNATURE Inguineite Louisa Candler	23B. ADDRESS Maryland General Hosp	23C. DATE SIGNED 2-4-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/8/50	24C. NAME OF CEMETERY OR CREMATORY Lorraine Cemetery
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950	REGISTRAR'S SIGNATURE W. H. H. H. H. H.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC
ADDRESS		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y009V

Final diagnosis pends microscopic sections.

BALTO.- 13, MD

47D

STATE OF NEW YORK
CERTIFICATE OF DEATH

1038

1

ALBANY, N.Y.

STATE

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

54.4 50 1039
Registered No.

BIRTH NO. 50-02445

1. NAME OF DECEASED (Type or Print) <u>Julia Anne Klecz</u>			2. DATE OF DEATH <u>2/5/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Balto Md.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>22-01</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South Baltimore General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>8</u> Mos. Days			D. STREET ADDRESS (If rural, give location) <u>522 S. Hanover St.</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1/27/50</u>		9. AGE (In years last birthday) <u>8</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Balto. Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>—</u>
13. FATHER'S NAME <u>Stephen Klecz</u>			14. MOTHER'S MAIDEN NAME <u>Nellie Walters</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT ADDRESS <u>Stephen Klecz 522 S. Hanover St.</u>		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Congenital heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>—</u>		
DUE TO		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>—</u>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/4</u> , 1950, to <u>2/5</u> , 1950, that I last saw the deceased alive on <u>2/5</u> , 1950, and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Dr. J. J. Depue</u>		23B. ADDRESS <u>1213 Light St.</u>		23C. DATE SIGNED <u>2/6/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb. 7, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Elen Haven Cemetery</u>	
24D. LOCATION (City, town, or county) <u>G. G. Co., Md.</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 6 - 1950</u>		24F. REGISTRAR'S SIGNATURE <u>Wm. J. Williams, Jr.</u>	
25. FUNERAL DIRECTOR <u>P. Howard Evans</u>		25A. ADDRESS <u>1400</u>		25B. DATE <u>157 E 15th St. Balto 30, 2nd.</u>	

INVESTIGATION OF THE

OF

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

THE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporation, limit to RURAL and give township)

D. STREET ADDRESS (If not, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years;
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., is or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 1/30, 1950 to 2/2, 1950, that I last saw the
deceased alive on 2/2, 1950, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 6 - 1950

VS 150

98899

130

called The Denison

2/7/50

ES

"known to dept as action"
pulmonary The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1041
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Robert

Henderson

2. DATE
OF
DEATH

Feb. 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

805 N. Mount St.

c. Length of stay in Baltimore

5. SEX
M

6. COLOR OR RACE
C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

May 2, 1922

9. AGE (In years
last birthday)

27

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Henderson

14. MOTHER'S MAIDEN NAME

Rosie Burton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Ruth Rollins Henderson 805 N. Mount St.

ADDRESS

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hemorrhage, left.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Gunshot wound of heart

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Pool Room

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Pool Room, Lafayette & Parrish Sts.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 2, 1950 2:30 P. m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 3, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-7-1950

24C. NAME OF CEMETERY OR CREMATORY

Western Star Cem.

24D. LOCATION (City, town or county) (State)

Catonsville Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Billings

25. FUNERAL DIRECTOR

Mr. Kotis Williams

ADDRESS

322 N. Schenck St.

FEB 6 - 1950

VS 151

98899

166

CERTIFICATE OF DEATH



50 1042

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1042

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) **Sofia C. Uhrbom**2. DATE
OF DEATH **Feb. 4/50**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE **Ma.** B. COUNTY _____B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
4631 Manordene Rd., UplandsC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimorec. Length of stay in Baltimore **5 yrs.**
Yrs. _____
Mos. _____
Days _____D. STREET ADDRESS (If rural, give location)
4631 Manordene Rd., Uplands5. SEX
Female6. COLOR OR RACE
White7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widow8. DATE OF BIRTH
May 11, 18669. AGE (In years, last birthday)
8310. Under 1 Year Months: _____ Days: _____
11. Under 24 Hours Hours: _____ Min: _____10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
H.W.10B. KIND OF BUSINESS OR INDUSTRY
_____11. BIRTHPLACE (State or foreign country)
Sweden12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Olaf Magnuson

14. MOTHER'S MAIDEN NAME

Anna S. Larrson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. _____

17. INFORMANT ADDRESS
Mrs. Alice Costley, 4631 Manordene Rd.18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I
Cardio-Respiratory failure
DUE TO

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.(B) **Myocardial Infarction & Hypertension**
DUE TO
(C) **Chronic Arteriosclerosis, Severe**

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
None

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
None21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 1, 1948** to **Feb 4, 1950**, that I last saw the deceased alive on **Feb 4, 1950**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Crementation

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

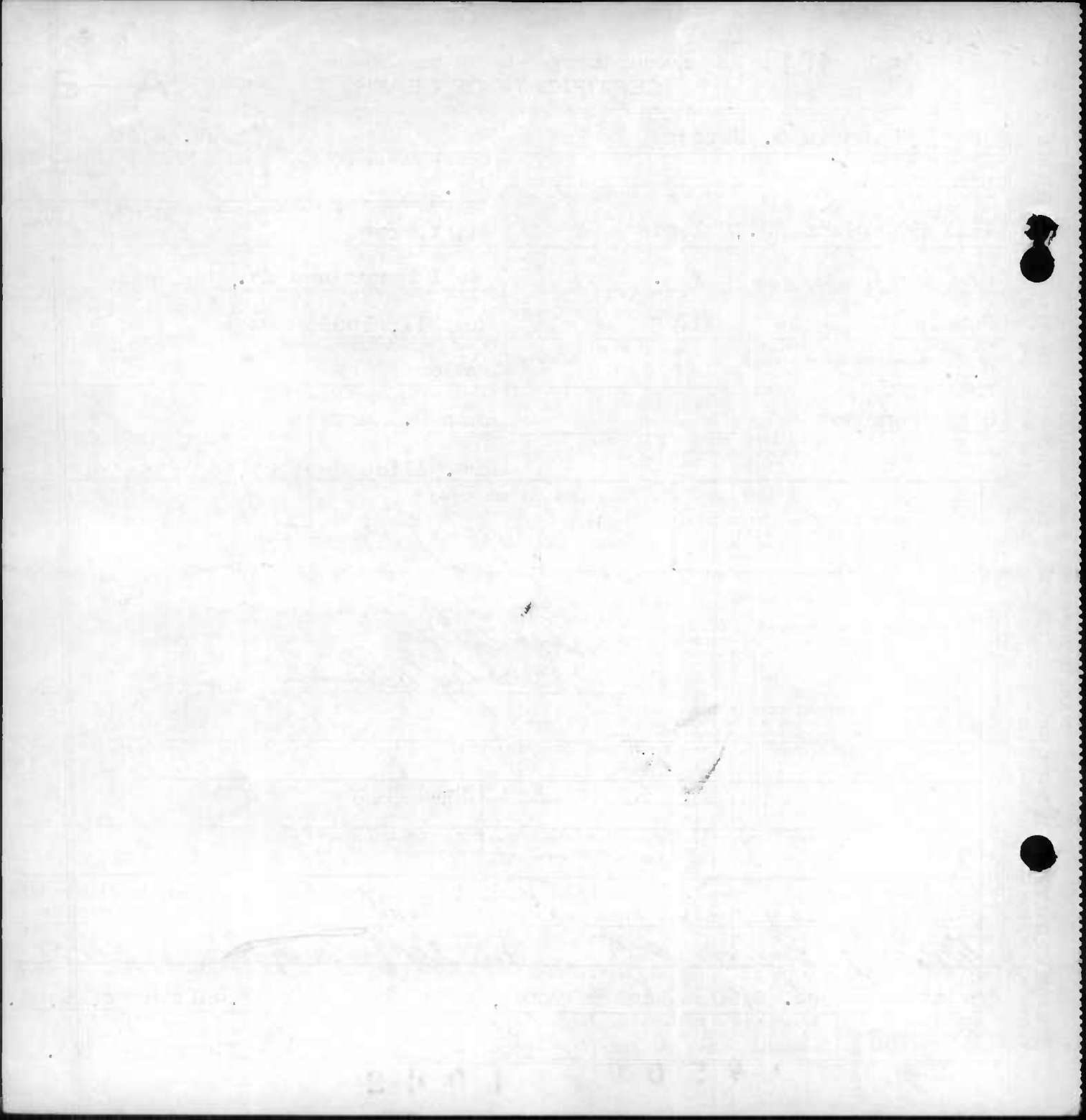
DATE RECEIVED BY LOCAL REGISTRAR
FEB 6 - 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Timothy J. Williams, M.D. Harry F. Little 4101 Edmondson Ave.



1-00050 1043

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1043
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosa Dailey Lee

2. DATE
OF
DEATH

Feb 2, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1319 N. Dallas St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-07

D. STREET ADDRESS (If rural, give location)

1319 N. Dallas St

C. Length of stay in Baltimore

38 yrs.

5. SEX

F

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug 16, 1875

9. AGE (In years last birthday)

74

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Charlottesville Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jack Brown

14. MOTHER'S MAIDEN NAME

Ann Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geneva Curry 1319 N. Dallas St

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Metastatic Carcinoma

INTERVAL BETWEEN
ONSET AND DEATH

6 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Carcinoma of the body
of the uterus

2 yrs

DUE TO

(C)

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Feb 2, 1950 that I last saw the deceased alive on Feb 1, 1950 and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

F. K. Adams

23B. ADDRESS

1222 N. Caroline

23C. DATE SIGNED

Feb 6-50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Feb 5/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County

(State)

Md.

DATE RECEIVED BY
LOCAL HEALTH DEPARTMENT

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs Robert A. Elliot & Daughter

ADDRESS

1129 N. Caroline St.

VS 150

52086

1043 3 1129 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GENERAL INVESTIGATIVE DIVISION

CRIMINAL DIVISION
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

2010-01-01

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-634 50 1044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1044
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRIETTA A. BARTHOLOMAY,

2. DATE
OF
DEATH

Feb. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

00 2027 Eutaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2027 Eutaw Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

April 20, 1864

9. AGE (In years
last birthday)

85

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Scheurman

14. MOTHER'S MAIDEN NAME

Lizette -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. William P. Bartholomay, Jr.

ADDRESS

3111 Milford Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arterio-Sclerosis & Cardio-renal

DUE TO disease

Long

Manifested

(C) Possible adenoma of intestines

2 weeks

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/3/50, 19, to 2/4/50, that I last saw the
deceased alive on 2/3/50, 19, and that death occurred at 3 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1901 Eutaw Place, City

2/5/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

William P. Bartholomay, Jr.
1044

131a

STATE OF NEW YORK
CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH1 50 1045
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert J. Gosnell

2. DATE
OF
DEATH

Feb. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.B. FULL NAME OF (If not in hospital or institution, give street address or
location)

4603 Manordene Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

419 Venable Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Sept. 14, 1906

9. AGE (In years
last birthday)

43

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Secret Service Agent10B. KIND OF BUSINESS OR
INDUSTRY
U. S. Government

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Howard Gosnell

14. MOTHER'S MAIDEN NAME

Harriett Buchman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
no

17. INFORMANT

ADDRESS

Mrs. Harriet Anderson 419 Venable Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cotondry Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammner, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 5 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Hampstead Cem.

24D. LOCATION (City, town, or county)

Hampstead, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

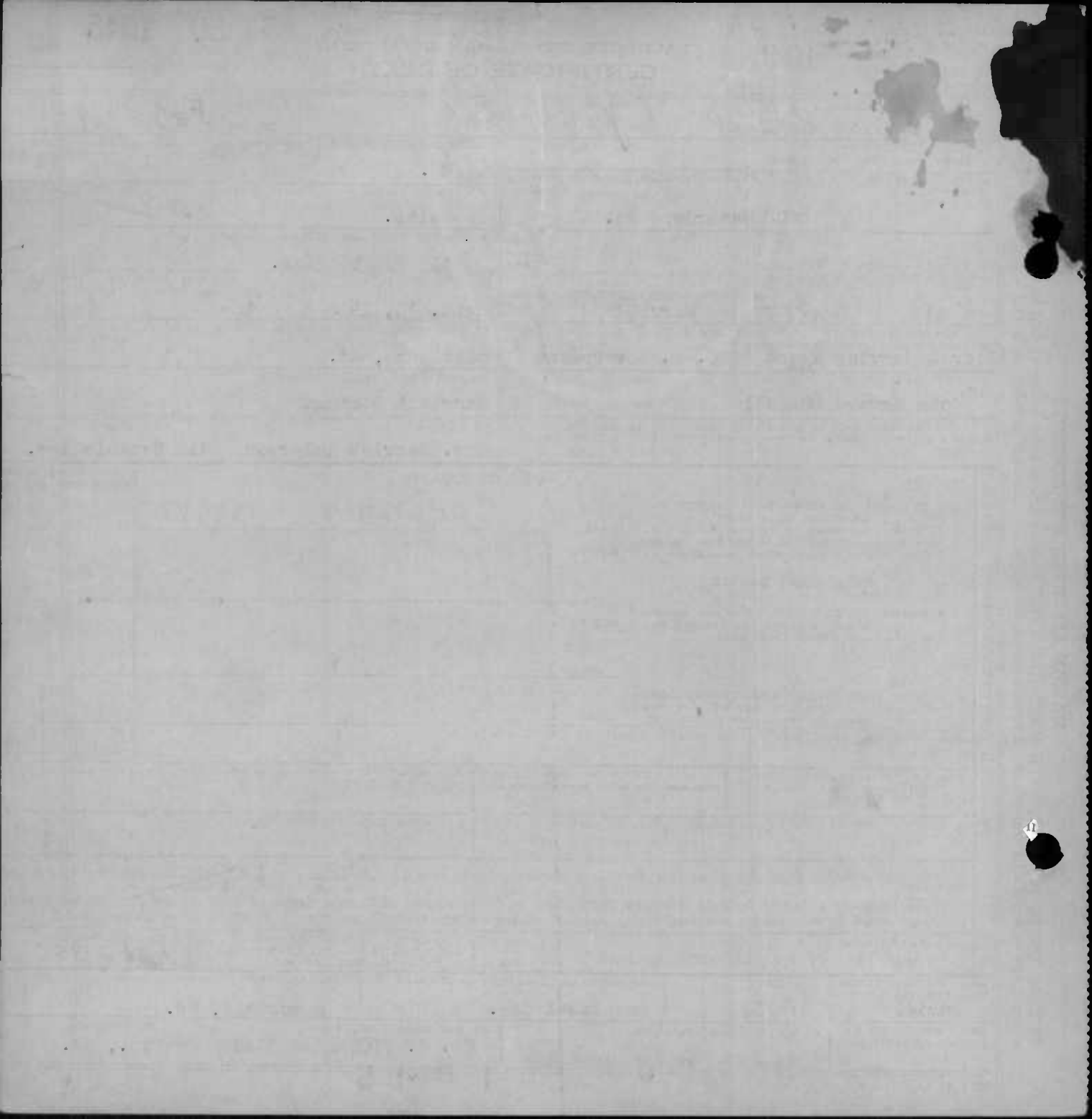
Balto., Md.

FEB 6 - 1950

60497

1045

94a



L-526

50 1046

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1046

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harrison Morton Langrall (Mr.)

2. DATE
OF
DEATH

2-5-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

The Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

The Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

405 Bretton Place Balto 18

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 5 1888 61

9. AGE (In years last birthday)

H Under 1 Year Months Days

H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Member Firm

10B. KIND OF BUSINESS OR INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

Balto Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Leander Langrall

14. MOTHER'S MAIDEN NAME

Louisana Hopper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Self

ADDRESS

Some

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)Bronchopneumonia -
Atelectasis, bilateral
Carcinoma rectum (metastatic)
Bony metastases
Nephrosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-25-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of rectum

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-18-50, 19, to 2-5-50, 19, that I last saw the deceased alive on 2-5-50, 19, and that death occurred at 3:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Marshall H. Hopper, Jr.

23B. ADDRESS

M. O. Union Memorial Hospital

23C. DATE SIGNED

2-3-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Foudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

FEB 6 1950

27480 500001046

467

MARGIN RESERVED FOR BINDING

PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

OFFICE OF THE
DIRECTOR

WASHINGTON, D. C.
JANUARY 1, 1911

TO THE DIRECTOR

FROM THE

UNITED STATES DEPARTMENT OF AGRICULTURE

BUREAU OF PLANT INDUSTRY

101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDDED, DIVORCED (Specify)
married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Captain Firefighters

10B. KIND OF BUSINESS OR INDUSTRY

Balto. City Fire Dept.

13. FATHER'S NAME

John T. Riordan, Sr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

8. DATE OF BIRTH

Apr. 25, 1913

9. AGE (In years last birthday)

36

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Margaret Collins

17. INFORMANT

ADDRESS

Mrs. Eleanor V. Riordan 840 Whitmore Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Factory

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

121 W Baltimore St

4-1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2-4-50 4P

21E. INJURY OCCURRED
WHILE AT ☒ WORK NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Overcome while fighting a fire

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Kelpick

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington, Delaware, Md.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

CERTIFICATE OF DEATH



S-3 50 50 1048

50 1048

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 198

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin A. Stein

2. DATE
OF
DEATH

2-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland University

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

38

Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

317 E. Lorraine Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec. 26, 1874

9. AGE (In years last birthday) Months Days

75 yrs.

If Under 1 Year If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Builder

10B. KIND OF BUSINESS OR INDUSTRY

Organs (own Business)

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Stein

14. MOTHER'S MAIDEN NAME

Mary B. Lowry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Claire E. Stein

ADDRESS

Av. 317 E. Lorraine

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Lymphosarcoma

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Feb. 4, 1950, that I last saw the deceased alive on Feb. 4, 1950, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edw. E. McClintock, M.D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/9/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

FEB 6 - 1950

VS 150

49643

1048

55E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1-1-1-1

1-1-1-1

1-1-1-1

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1049
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marion Milburn

2. DATE
OF
DEATH

2/2/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

Baltimore City

D. STREET ADDRESS (If rural, give location)

1823 North Bond Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/11/1914

9. AGE (in years
last birthday)

35

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Albert Sheppard

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Major Milburn 1823 N. Bond St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Glomerulonephritis

DUE TO

2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1949, to Feb. 2, 1950, that I last saw the deceased alive on Feb. 1, 1950, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

R. W. McDaniel

M. D.

23B. ADDRESS

807 N. Caroline St

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/6/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

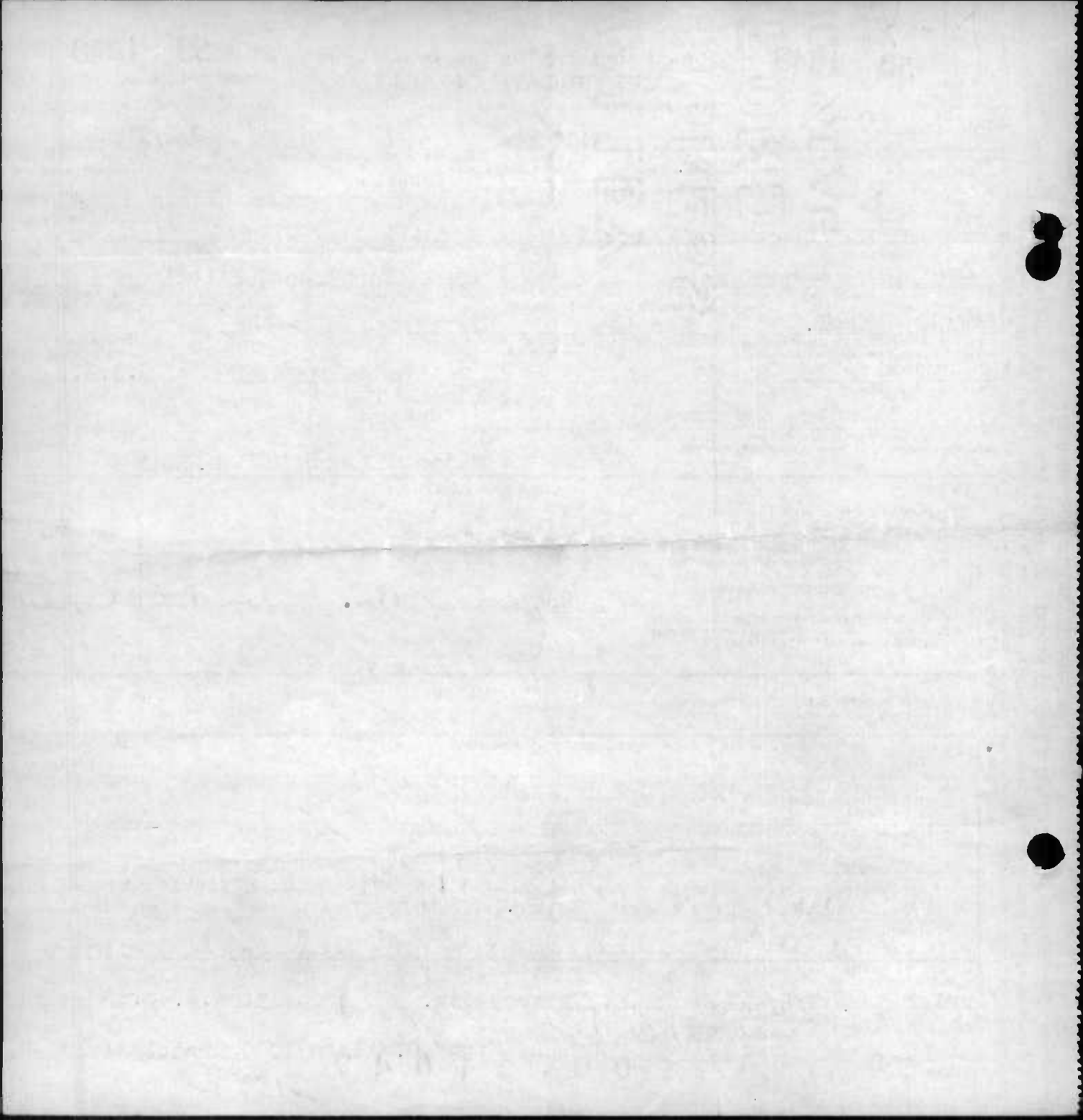
ADDRESS

Elroy O. Wilson 1000 Brantly Ave

FEB 8 1950

1950 00001049

131B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P-660

50 1050

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 410 50 1050
 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Pryer (Pryer)

2. DATE
OF
DEATH

Feb 3 4 30 AM 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 719 Sterling St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

719 Sterling Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

719 Sterling St Balto. Md

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House hold

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

John Bundy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Bernice Pryer 719 Sterling St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) mitral Insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) arterial sclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from Nov 10 1949 to Feb 3 1950, that I last saw the deceased alive on Feb 2, 1950, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Edward Fisher

M.D.

23B. ADDRESS

1612 Monument

23C. DATE SIGNED

2-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

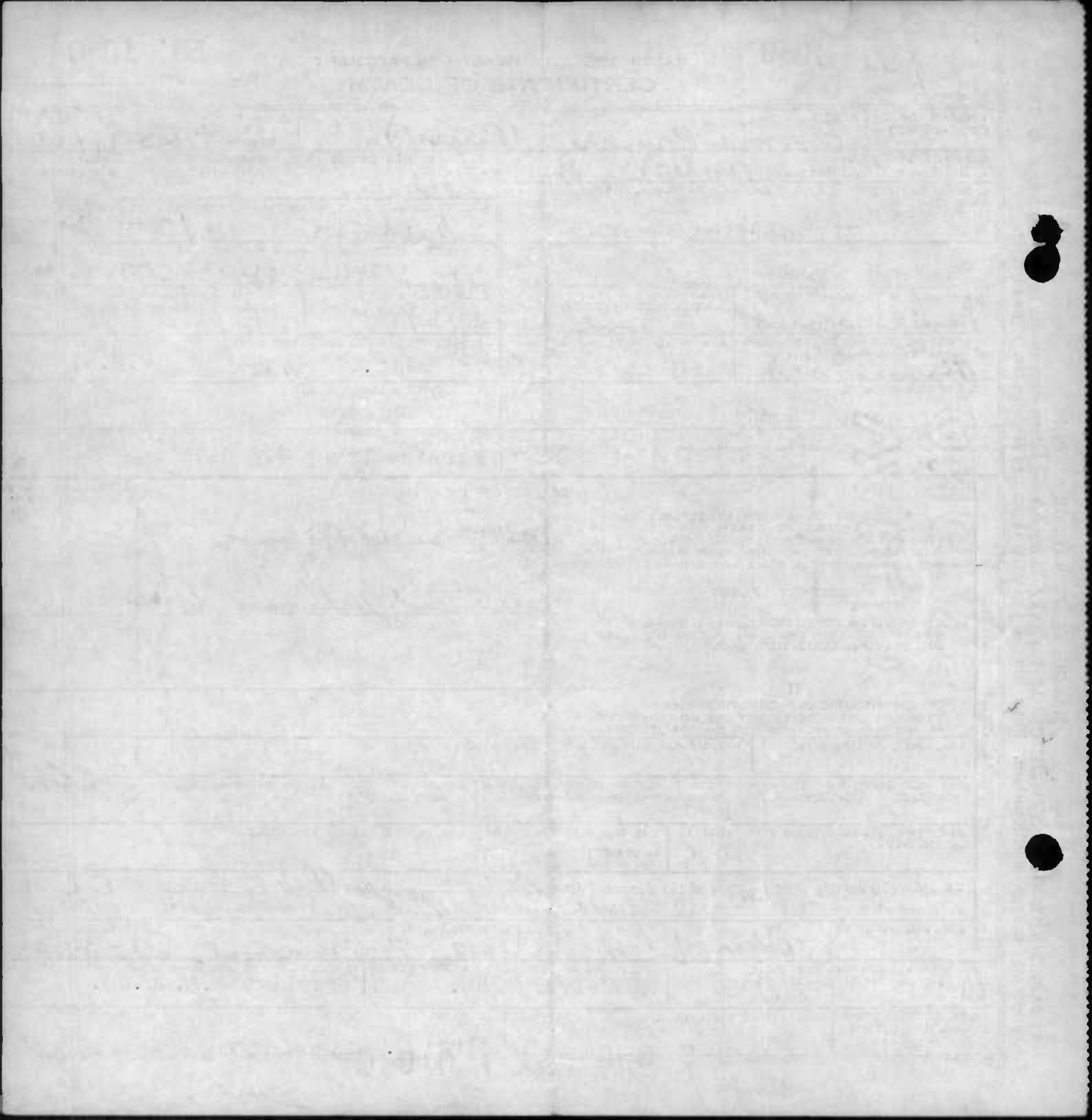
ADDRESS

Elroy O. Wilson 1000 Brantly Ave

Huntington Williams, MD

1050

928



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1051

BIRTH NO. 50 1051 49-19043

1. NAME OF DECEASED (Type or Print) Henry Johnson Harrell. A 73673			2. DATE OF DEATH Feb. 3-1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY 14-02		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 14-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1610 McCallough St.		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH 9-3-49	9. AGE (In years last birthday) 5	10. Under 1 Year Months Days 5
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Henry Harrell			14. MOTHER'S MAIDEN NAME Rosezelia Pembroke ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic diarrhea DUE TO (A) Malnutrition DUE TO (B) Malnutrition DUE TO (C) Malnutrition DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-17-1949 to 2-3-1950 , that I last saw the deceased alive on 2-3-1950 , and that death occurred at 10:00 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harriison C. Spencer M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 2/4/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 2-6-50	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS THE CHARLES R. LAW MORTUARY 602 E. 4 MADISON AVENUE BALTIMORE 1, MD.	

The transcript

1/1/20

John C. ...

F-600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1052

BIRTH NO. 50 1052

1. NAME OF DECEASED
(Type or Print)

ALBERT B. FAIR.

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3037 Kenwick Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Balto.

13-05

D. STREET ADDRESS (If rural, give location)

3037 Kenwick Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

1/6/1883

9. AGE (in years,
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Independent Baltimore

10B. KIND OF BUSINESS OR
INDUSTRY

Gas + Elec. Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lucian D. Fair

14. MOTHER'S MAIDEN NAME

Mary E. Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

212-055285

17. INFORMANT

ADDRESS

Rena E. Fair, 3037 Kenwick Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension CVD + arteriosclerosis

2.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1948, to 2-6, 1950, that I last saw the
deceased alive on 2-6, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence H. Hama

M. D.

23B. ADDRESS

3711 Fally Rd

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. Schenck, Jr. 3615-17 Lakeland Ave.

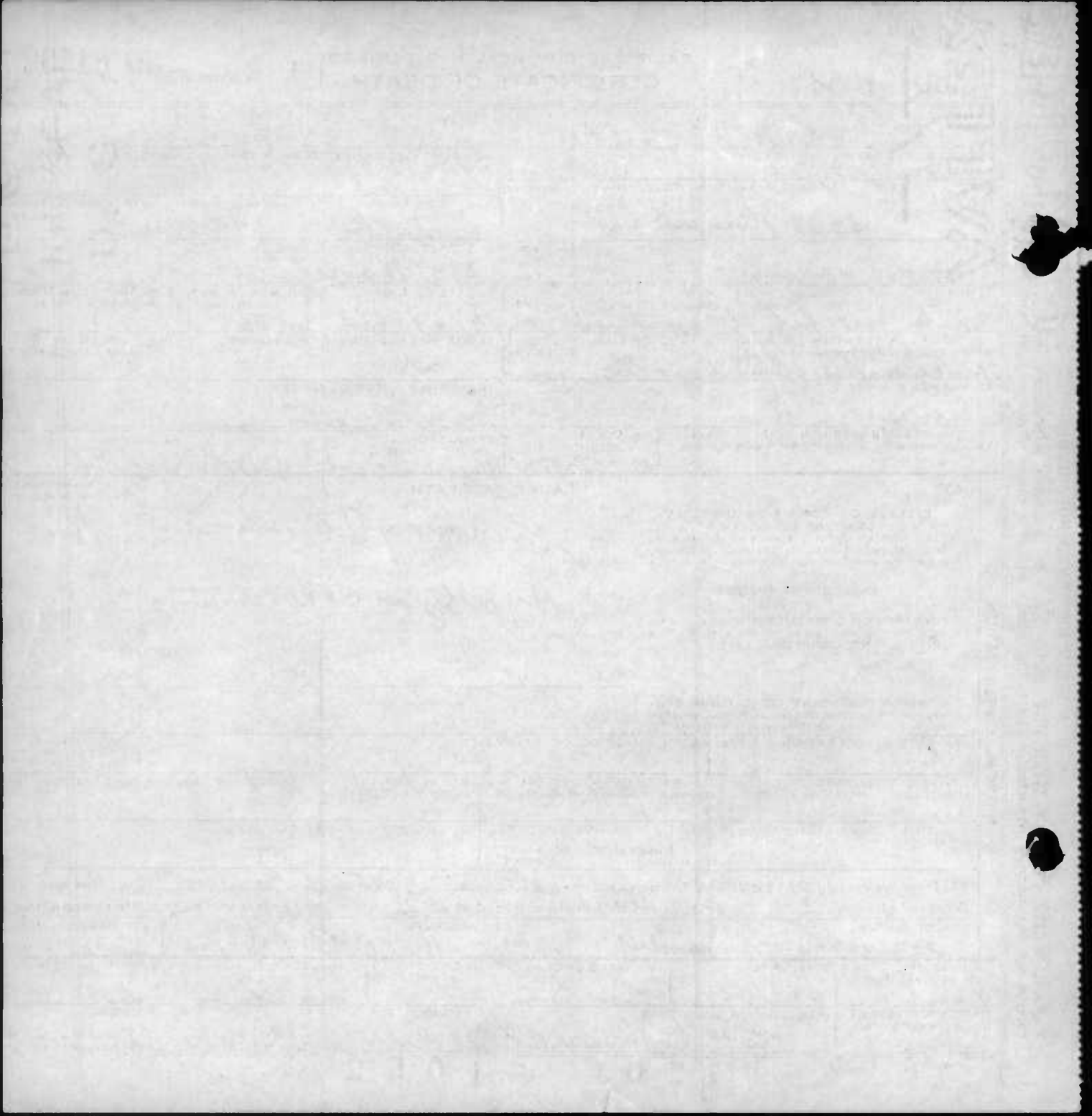
FEB 6 - 1950

49658 500001052

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1053

B-653
50 1053

1. NAME OF DECEASED (Type or Print) BRANDSDORF, BERTHA			2. DATE OF DEATH 2-6-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Pa B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 38 UNIVERSITY Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kingston		
c. Length of stay in Baltimore 60 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 634 Meadowland Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Hungary			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Nathaniel Miller			14. MOTHER'S MAIDEN NAME Rose		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hospital records			ADDRESS		

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardiac Decompensation DUE TO Pulmonary Edema					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) arteriosclerotic H. D. DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Pulmonary Embolism?					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-28- , 19 50 , to 2-6- , 19 50 , that I last saw the deceased alive on 2-6- , 19 50 , and that death occurred at 9:15 A.m. , from the causes and on the date stated above.					
23A. SIGNATURE W. W. Mann		23B. ADDRESS University Hosp.		23C. DATE SIGNED 2-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-7-50		24C. NAME OF CEMETERY OR CREMATORY Wilkes-Barre Pa	
24D. LOCATION (City, town, or county) (State) Wilkes-Barre Pa		25. FUNERAL DIRECTOR Jack Lewis		ADDRESS 2100 Easton Rd	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1054

BIRTH NO. 50 1054 50-02785

1. NAME OF DECEASED (Type or Print) JAMES ALEXANDER McGill			2. DATE OF DEATH February 4/1950		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY BALTIMORE		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) 111 Oella Ave Ellcott City		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Feb. 4/1950		9. AGE (In years last birthday) 17 mos
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) BALTIMORE, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Frank McGill			14. MOTHER'S MAIDEN NAME Doris MILLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	17. INFORMANT ADDRESS FRANK MCGILL, ELLICOTT CITY, Md.		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atherosclerosis		CAUSE OF DEATH (A) _____ DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity		(B) _____ DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____ DUE TO	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 4 , 19 50 , to Feb 4 , 19 50 , that I last saw the deceased alive on Feb 4 , 19 50 , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Joseph S. Anderson		23b. ADDRESS St. Agnes Hosp.		23c. DATE SIGNED 2-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-6-50		24c. NAME OF CEMETERY OR CREMATORY GOOD SHEPHERD	
24d. LOCATION (City, town, or county) (State) ELLICOTT CITY Md.		24e. DATE RECEIVED BY LOCAL REGISTRAR		24f. REGISTRAR'S SIGNATURE Thurston Williams	
24g. FUNERAL DIRECTOR ADDRESS F.G.H. GIBBOTHOM, ELLICOTT CITY Md.					

FEB 6 - 1950

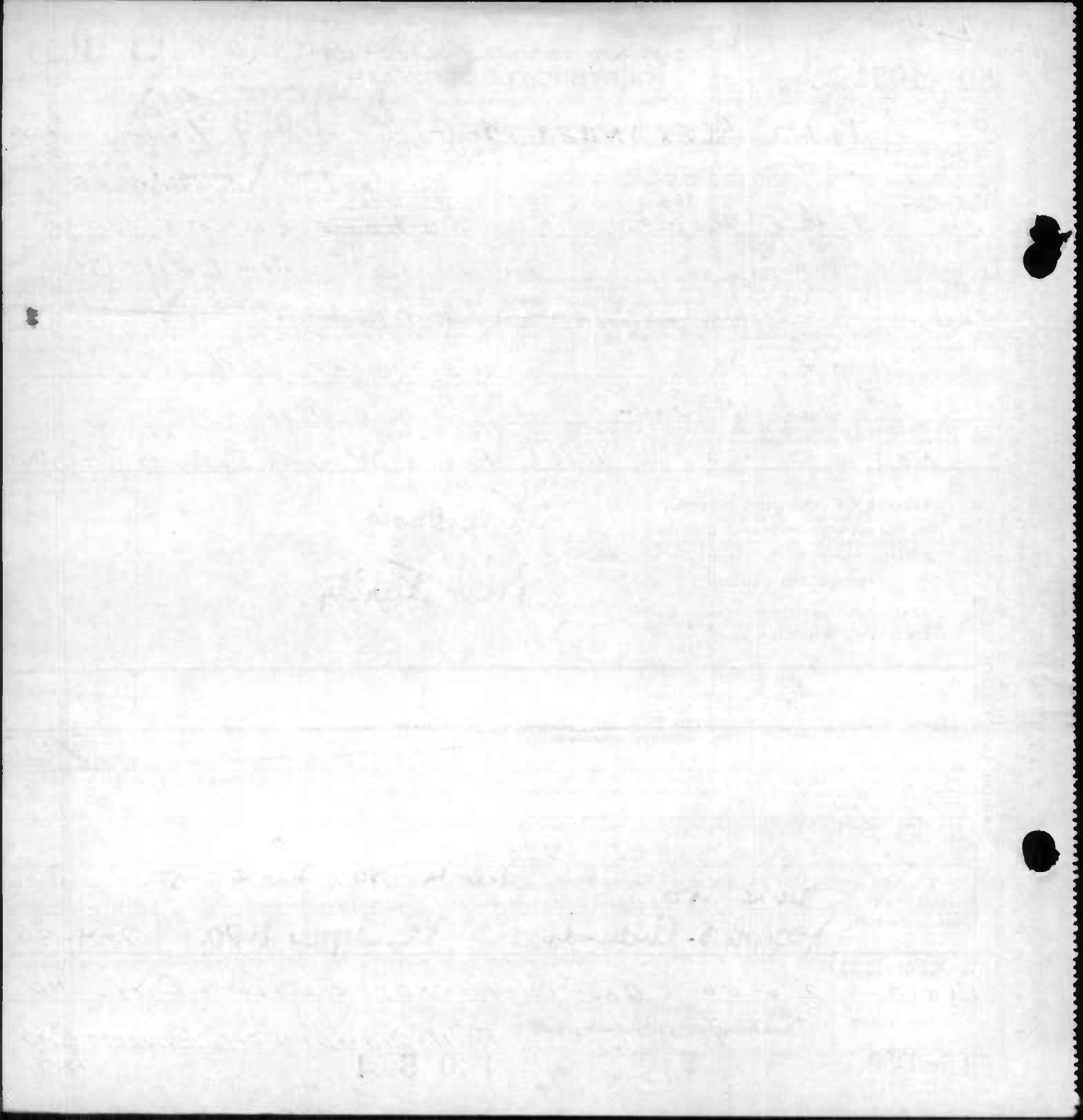
50-02785

159

Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-425
50 1055BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1055

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILBERT WILSON

2. DATE
OF
DEATH

2/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

37th St + Falls Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

1312 Delwood Ave

c. Length of stay in Baltimore

40 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Baltimore City

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 28, 1883

9. AGE (In years
last birthday)

66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Thomas C Wilson

14. MOTHER'S MAIDEN NAME

Susan Keys

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

218-01-2688

17. INFORMANT

ADDRESS

Norman R Wilson 3632 Paine St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspector Inquiry hereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

John R Davis

M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....

2/5/50

MEDICAL INVESTIGATOR.....

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 8-1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Frank R. Feitz - 814 W 36th St

VS 151

308 V9

1055 94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1000 10

RECEIVED THE OFFICE OF THE
CHIEF OF BUREAU

1000 10



N-500

50 1056

BALTIMORE CITY HEALTH DEPARTMENT

50 1056

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Irvin E. Nine

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

136 McPhail St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

20-04

D. STREET ADDRESS (If rural, give location)

136 McPhail St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

1/24/1917

9. AGE (in years, last birthday)

33

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Packer

10B. KIND OF BUSINESS OR INDUSTRY

May Co.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

William H. Nine

14. MOTHER'S MAIDEN NAME

Gertrude Schaffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

-

17. INFORMANT

Mr. William H. Nine, McPhail St.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Myocarditis -

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1949 to Feb 6, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 7 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John J. Covance, Jr.

23B. ADDRESS

2151 Walker Ave

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Edmondson & Longwood

DATE RECEIVED BY LOCAL REGISTRAR

FEB 6 - 1950

REGISTRAR'S SIGNATURE

William H. Nine

25. FUNERAL DIRECTOR

John J. Covance, Jr.

ADDRESS

908 Hollis St.

VS 150

49663

500000

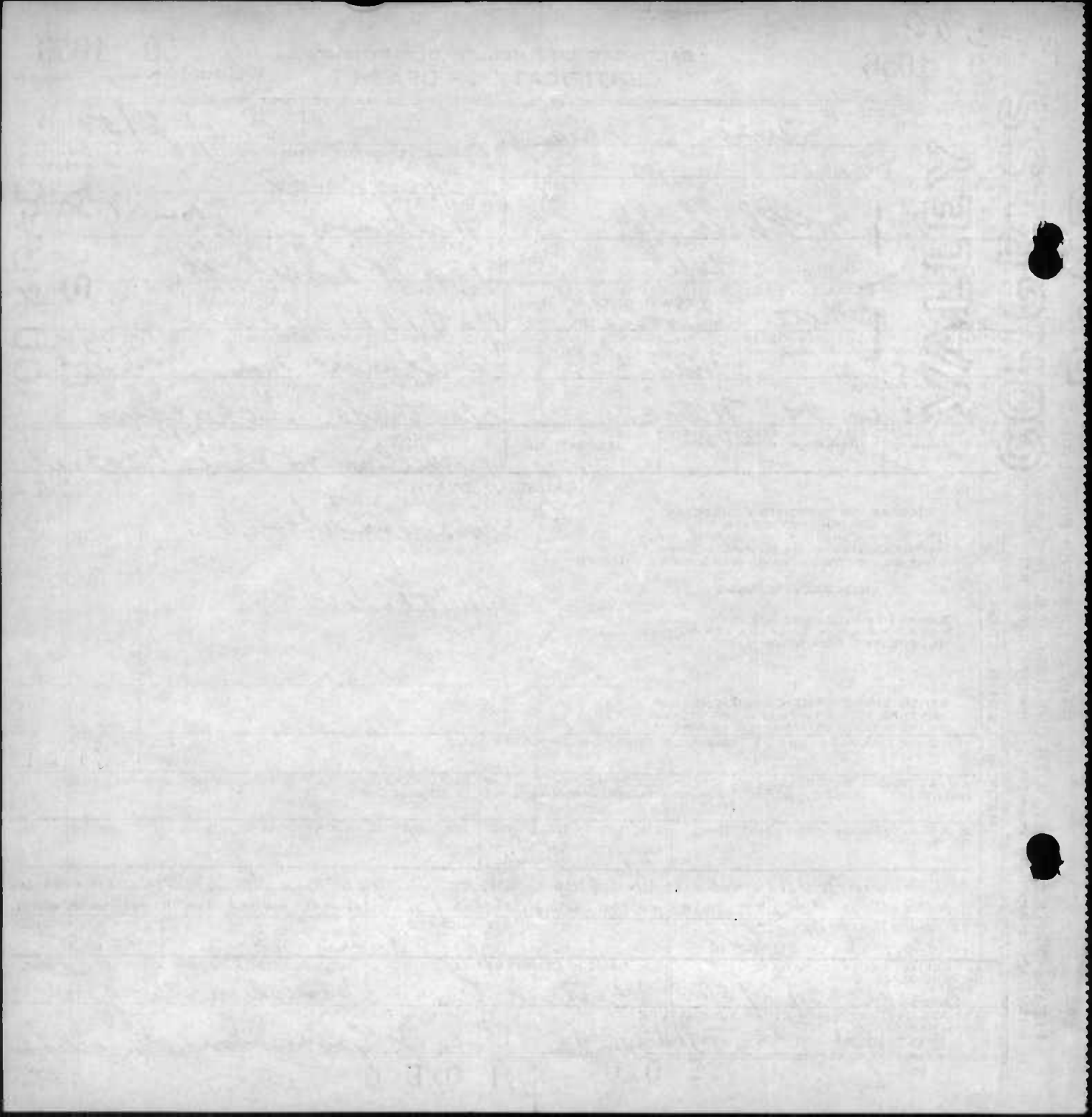
1056

13B

St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



236
50 1057 110496BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1057

BIRTH NO.

1. NAME OF DECEASED (Type or Print) John Huster			2. DATE OF DEATH 2-5-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) No Home - B. C. H. Infirmary		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Oct. 14, 1872	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10B. KIND OF BUSINESS OR INDUSTRY Bartlett Hayward & Co.		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Henry Huster			12. CITIZEN OF WHAT COUNTRY? U S A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease			DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis			DUE TO		
19A. DATE OF OPERATION April 26, 1949			19B. MAJOR FINDINGS OF OPERATION Cataract Extraction		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-7-47 , 19__, to Feb. 5 , 19 50 , that I last saw the deceased alive on Feb. 5 , 19 50 , and that death occurred at 5.50AM , from the causes and on the date stated above.					
23A. SIGNATURE J. B. Brown		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 2-5-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/8/50		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Road					
DATE RECEIVED BY LOCAL REGISTRAR FEB 6 - 1950		REGISTRAR'S SIGNATURE William Williams		25. FUNERAL DIRECTOR ADDRESS John Brown & Sons, 1000 N. Hollis St.	

CERTIFICATE OF DEATH

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1058BIRTH NO. 50 10581. NAME OF DECEASED
(Type or Print)George S. Smith2. DATE
OF
DEATH 2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

BaltimoreB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONSouth Baltimore General Hospital

C. CITY OR TOWN

Baltimore(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

#5 Gumwood Drive

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widowed

8. DATE OF BIRTH

March 3-18699. AGE (In years
last birthday)81If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Retired10B. KIND OF BUSINESS OR
INDUSTRYRetired

11. BIRTHPLACE (State or foreign country)

Balto. Md. Virginia12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul D. Smith

14. MOTHER'S MAIDEN NAME

Mary Brown15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Newton K WilsonEssex, Md.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/28/50, 1950, to 2/6/50, 1950, that I last saw the
deceased alive on 2/6/50, 1950, and that death occurred at 6:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

[Faint, illegible handwriting throughout the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RIDER, WILLIAM MORRISON

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

CATONSVILLE

D. STREET ADDRESS (If rural, give location)

1300 SUMMITT AVE.

c. Length of stay in Baltimore

YEARS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

JAN 28, 1884

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DAIRY

FARMER

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

MORRISON RIDER

14. MOTHER'S MAIDEN NAME

JANE THURSTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL
SECURITY NO.

17. INFORMANT

WIFE

ADDRESS

SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

4 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) atherosclerotic heart disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

recent coronary occlusion

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2/4, 1950, to 2/6, 1950, that I last saw the
deceased alive on 2/6, 1950, and that death occurred at 3:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

W. F. Cox Jr.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

REMOVAL

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

COLUMBUS OHIO

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Morrison

25. FUNERAL DIRECTOR

ADDRESS

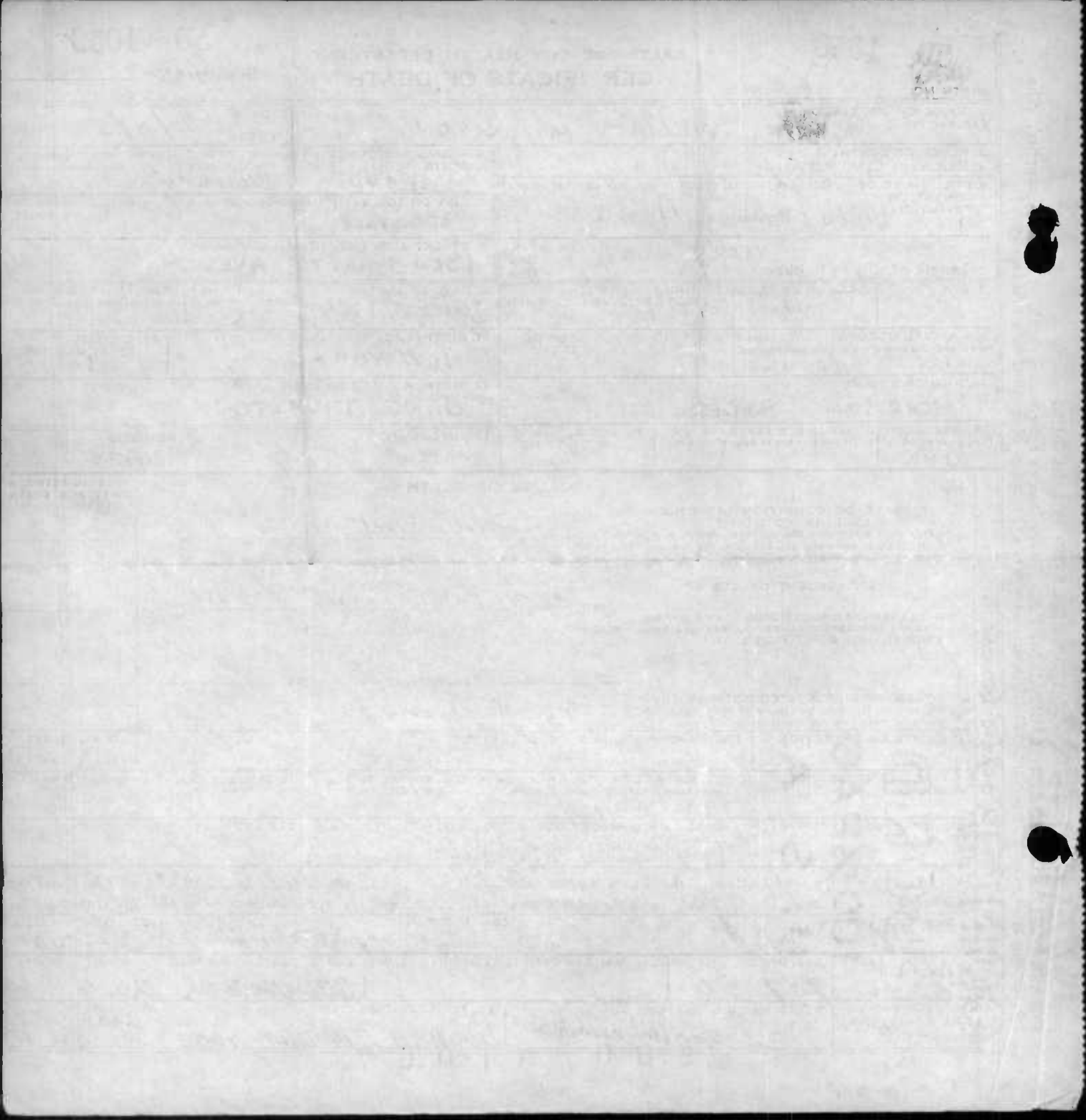
ULLRICH FUNERAL HOME ORLEANS ST

FEB 6 - 1950

VS 150

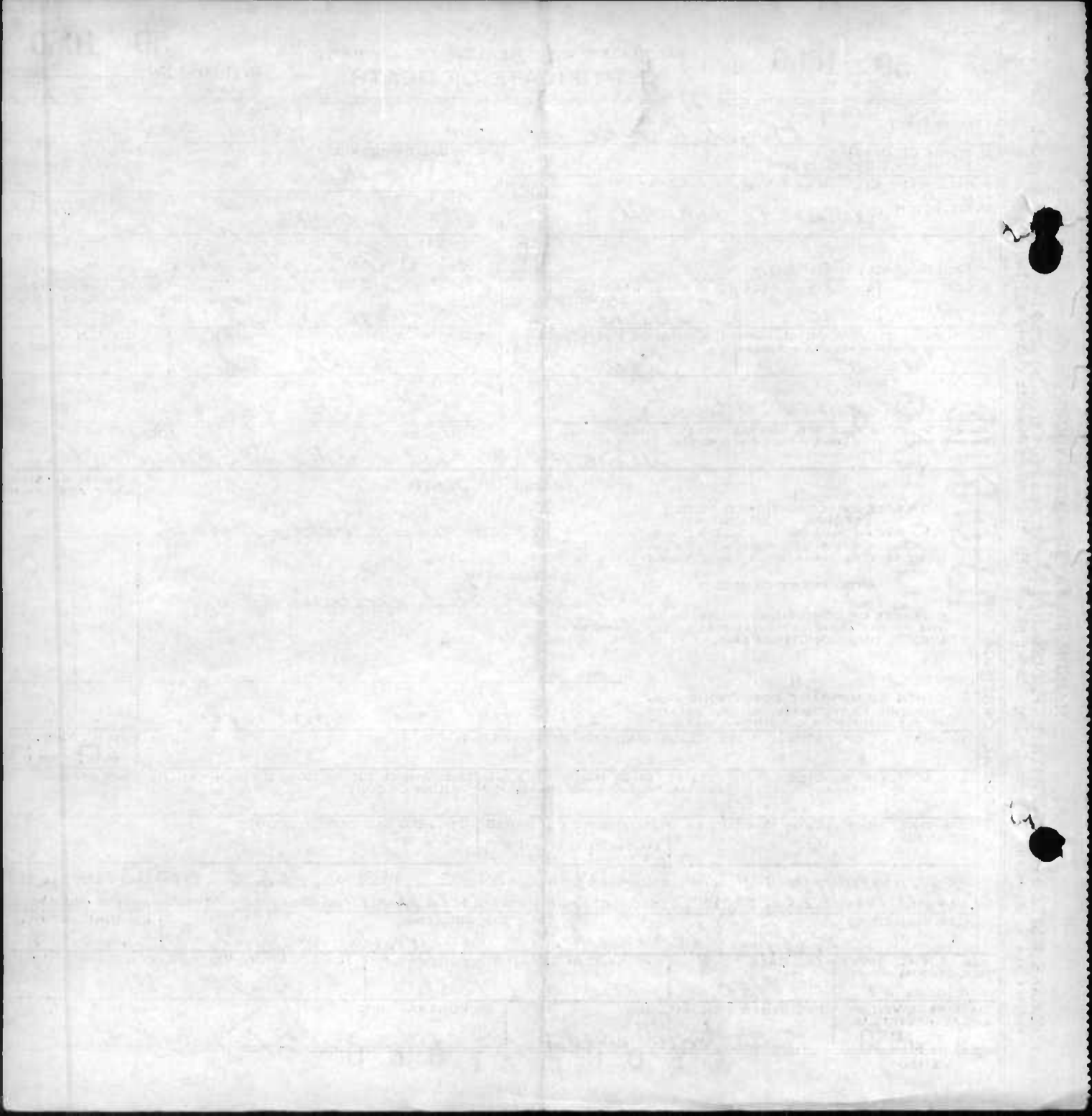
000VV

937



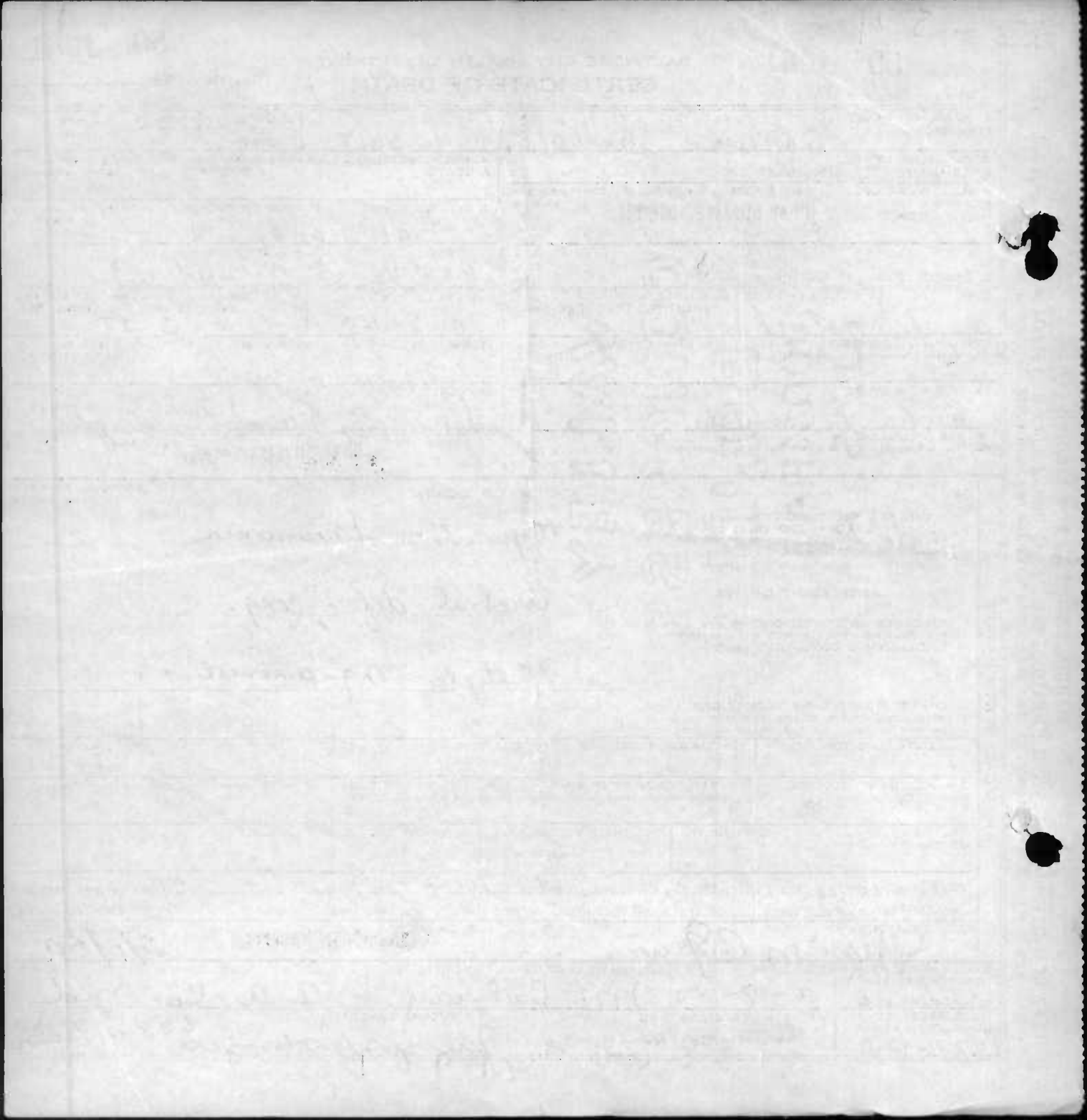
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1060		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 1060 Registered No. 155	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Royal A. Burke</i>			2. DATE OF DEATH <i>2-5-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 18-23</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>49 S. Arlington Ave</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>3/5/1891</i>	9. AGE (In years last birthday) <i>58</i> Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chemist</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Dairy</i>	11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Andrew J. Burke</i>			14. MOTHER'S MAIDEN NAME <i>Charlotte Traczy</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>215-16-1625</i>	17. INFORMANT ADDRESS <i>Mrs. Earl Rossiter 49 S. Arlington Ave</i>		
18. CAUSE OF DEATH					
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) <i>Carcinoma of liver; probably primary</i>					
DUE TO					
(B) <i>Associated cirrhosis of liver</i>					
DUE TO					
(C) <i>Gastro-intestinal hemorrhage</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 2, 1950</i> to <i>Feb. 5, 1950</i> , that I last saw the deceased alive on <i>Feb. 5, 1950</i> , and that death occurred at <i>12:12</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Ed R. McClintock</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>2/5/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/8/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>	
24D. LOCATION (City, town, or county) <i>Balto. Md.</i>		24E. LOCATION (State) <i>Md.</i>		24F. LOCATION (Country) <i>U.S.A.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>William M. ...</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm. G. ... 1217 St. Paul St.</i>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				50 1061 Registered No. _____	
BIRTH NO. 49-24732				50 1061	
1. NAME OF DECEASED (Type or Print) <i>CORINNE DANIELS</i>			2. DATE OF DEATH <i>FEB 6 - 1950</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <i>Md.</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 21-02</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>835 West Ostend St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>10-8-49</i>	9. AGE (In years last birthday) <i>3</i>	10. Under 1 Year Months: <i>28</i> Days: _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) <i>Md.</i>		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>		
13. FATHER'S NAME <i>Richard Daniels</i>			14. MOTHER'S MAIDEN NAME <i>Lucinda Daniels "Wright"</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
16. SOCIAL SECURITY NO.					
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				(A) <i>Aspiration Pneumonia</i>	
ANTECEDENT CAUSES				(B) <i>Cerebral defect, cong.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				(C) <i>Multiple cong. anomalies</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>10-14-</i> , 19 <i>49</i> , to <i>2-6-</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2-6-</i> , 19 <i>50</i> , and that death occurred at <i>1004</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Harmon C. Jewer</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/6/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-7-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Calvary</i>	
24D. LOCATION (City, town, or county) (State) <i>A. A. Co. Md.</i>		25. FUNERAL DIRECTOR <i>Jaynes & Stanges</i>		ADDRESS <i>638 N. Gilman St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 7 - 1950</i>		REGISTRAR'S SIGNATURE <i>Thurston Williams, M.D.</i>			



M.S.--119698

BALTIMORE CITY HEALTH DEPARTMENT

50 1062

50 1062 CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeremiah Young

2. DATE
OF
DEATH

1-26-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

31 4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2231 Brunt St.

c. Length of stay in Baltimore

41 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 23, 1892

9. AGE (In years
last birthday)

57

N Under 1 Year

Months: Days

N Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Artimus Macer

14. MOTHER'S MAIDEN NAME

Minnie Henry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Baltimore City Hospitals
Records--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis of lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Tuberc Dorsalis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 5-13-1948, to 1-26-1950, that I last saw the
deceased alive on 1-26-1950, and that death occurred at 10:57A., from the causes and on the date stated above.

23A. SIGNATURE

J. C. Rogers

M. O.

23B. ADDRESS

B. C. H.--4940 Eastern Ave.

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

Baltimore Hill Rd. Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

John J. Fahey, Sons - 1315 Light St.

ADDRESS

VS 150

9-5-0-0-0-0-1-0-6-2

30a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

E-256

50 1063

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1063

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Barbara Eckenrode

2. DATE
OF
DEATH

Feb. 5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3807 Harlem Ave.

D. STREET ADDRESS (If rural, give location)

3807 Harlem Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 20, 1859

9. AGE (In years;
last birthday)

90

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Pius Little

14. MOTHER'S MAIDEN NAME

Mary -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Margaret Eckenrode, 3807 Harlem Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion

18 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardio-Vascular Disease 4 yrs

(C)

DUE TO

Partial Intestinal Obstruction

3 yrs

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 4:50 P.M. 1949, to Jan 5 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 4:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Paul R. Ziegler

23B. ADDRESS

3723 Edmondson Ave

23C. DATE SIGNED

Jan 6, 1950

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Feb. 8/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral, 4300 Old Frederick Rd. Balto. 29, Md

24D. LOCATION (City, town, county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

4101 Edmondson Ave.

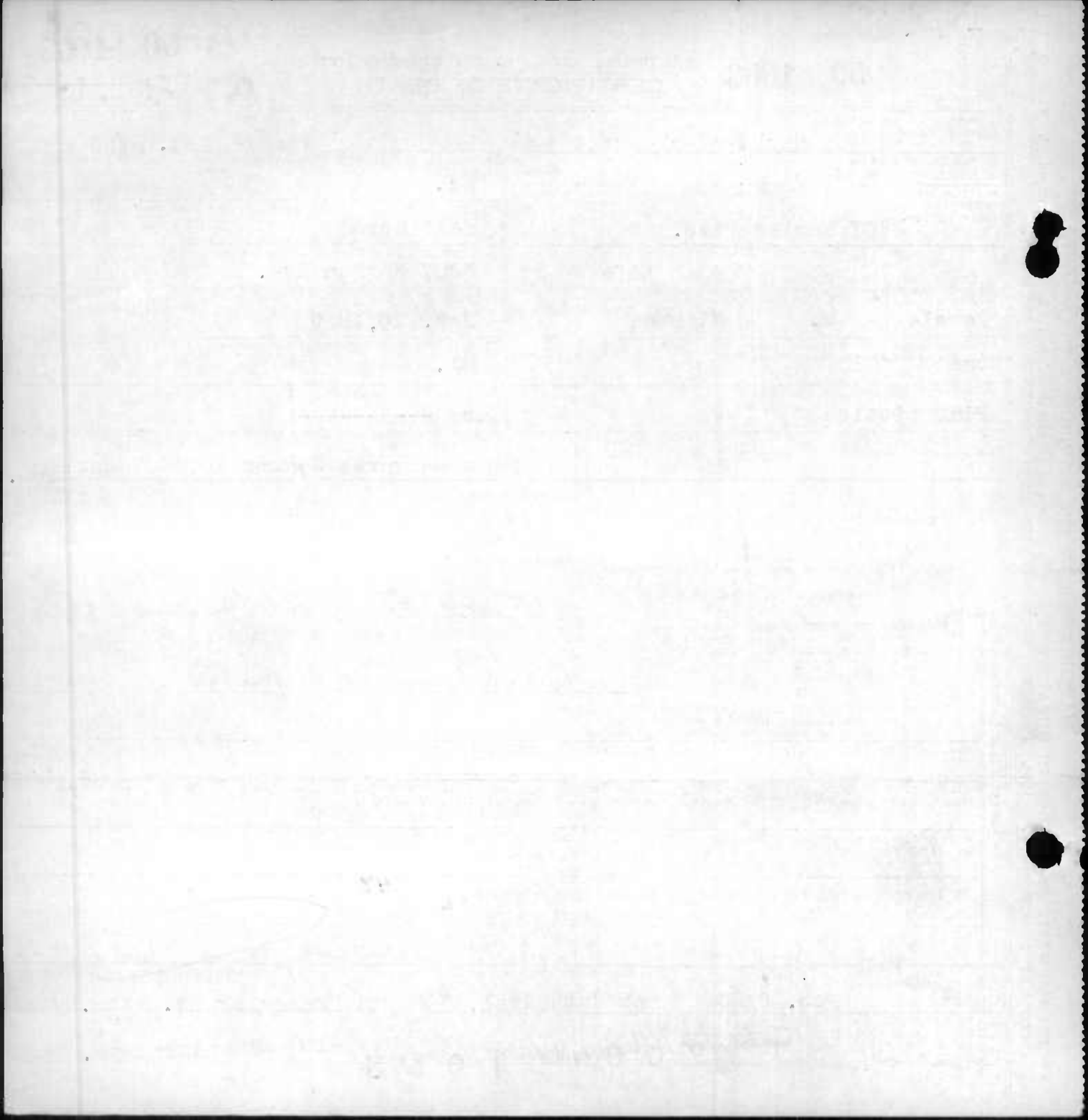
FEB 7 - 1950

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 1064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1064

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Chickini

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1015 Hillman St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md

D. STREET ADDRESS (If rural, give location)

1015 Hillman St.

c. Length of stay in Baltimore

10 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 8, 1902

9. AGE (In years,
last birthday)

47

If Under 1 Year
Months: Days

11 25

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work - at Home

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Harrisburg Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eliza

14. MOTHER'S MAIDEN NAME

Swails

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

Swails

17. INFORMANT

Mr. Nick Chickini

ADDRESS

1015 Hillman St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of body of uterus
with metastasis to everywhere

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from July 5, 1948, to Feb. 7, 1950, that I last saw the deceased alive on Feb. 7, 1950, and that death occurred at 4:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

S. Tupper

M. D.

23B. ADDRESS

714 E. Preston St

23C. DATE SIGNED

7 Feb 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 10, 1950

Rolling Green Cemetery, Pikesville, Pa.

Pikesville, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1950

Wm. J. Williams, M.D.

Elmer W. Conklin

201 102

201 102



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1065

BIRTH NO.

50 1065

1. NAME OF DECEASED
(Type or Print)*Anna Norwood*2. DATE
OF
DEATH*Feb 4th 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1611 Stonewood Rd.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

27-09

D. STREET ADDRESS (If rural, give location)

1611 Stonewood Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OF RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 1, 1885

9. AGE (In years
last birthday)

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Prussia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Christoph

14. MOTHER'S MAIDEN NAME

Catherine Coobes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Miss Anna L. Norwood 1611 Stonewood Rd

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO*Congestive heart failure*

ANTECEDENT CAUSES

(B)
DUE TO*Cause unknown (Christie S. Smith)*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William J. Tickner

M.D.

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
2-5-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

EB 7-1950

REGISTRAR'S SIGNATURE

William J. Tickner

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

50 1066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1066

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm Beasman Sr

2. DATE
OF
DEATH

July 5 - 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Sta. Balto

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-01

D. STREET ADDRESS (If rural, give location)

2920 E. Edman av

c. Length of stay in Baltimore

32

Yrs.
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

Wpl

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist Foreman

10B. KIND OF BUSINESS OR
INDUSTRY

Mach. Mfgs

8. DATE OF BIRTH

Sept 9 - 1895

9. AGE (In years
last birthday)

54

11. BIRTHPLACE (State or foreign country)

Utica, N.Y.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Charles Beasman

14. MOTHER'S MAIDEN NAME

UNKNOWN DONNELLY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm Beasman Jr. 2920 E. Edman av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

5 min.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 15 - 1949 to July 5 - 1950, that I last saw the
deceased alive on Nov 19 - 1949, and that death occurred at 11:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Chas J Keller

M. D.

23B. ADDRESS

222 W. Monument St

23C. DATE SIGNED

2/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

1/9/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Bald Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1950

REGISTRAR'S SIGNATURE

Wmington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Luck 5305 Naylor Rd.

ADDRESS

VS 150

32637

1066

94a

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

1922-23

W-560
JL-122771 50

1067

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

1067

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alphonse John Wehner or Alphons J. Wehner

2. DATE
OF
DEATH

Feb. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2104 Greenmount Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

Dec. 14, 1870

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Water Dept

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Wehner

14. MOTHER'S MAIDEN NAME

Margaret Lurtz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 9-7-48, 19, to Feb. 6, 1950 that I last saw the
deceased alive on Feb. 6, 1950 and that death occurred at 7:50pm from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

4940 Eastern Ave.

2-6-50

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1950

Leopold J. Luck

5305 Hanford

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of jury		14. Signature of witnesses		15. Signature of family	
16. Signature of neighbors		17. Signature of community		18. Signature of church	
19. Signature of school		20. Signature of business		21. Signature of other	
22. Signature of others		23. Signature of others		24. Signature of others	
25. Signature of others		26. Signature of others		27. Signature of others	
28. Signature of others		29. Signature of others		30. Signature of others	
31. Signature of others		32. Signature of others		33. Signature of others	
34. Signature of others		35. Signature of others		36. Signature of others	
37. Signature of others		38. Signature of others		39. Signature of others	
40. Signature of others		41. Signature of others		42. Signature of others	
43. Signature of others		44. Signature of others		45. Signature of others	
46. Signature of others		47. Signature of others		48. Signature of others	
49. Signature of others		50. Signature of others		51. Signature of others	
52. Signature of others		53. Signature of others		54. Signature of others	
55. Signature of others		56. Signature of others		57. Signature of others	
58. Signature of others		59. Signature of others		60. Signature of others	
61. Signature of others		62. Signature of others		63. Signature of others	
64. Signature of others		65. Signature of others		66. Signature of others	
67. Signature of others		68. Signature of others		69. Signature of others	
70. Signature of others		71. Signature of others		72. Signature of others	
73. Signature of others		74. Signature of others		75. Signature of others	
76. Signature of others		77. Signature of others		78. Signature of others	
79. Signature of others		80. Signature of others		81. Signature of others	
82. Signature of others		83. Signature of others		84. Signature of others	
85. Signature of others		86. Signature of others		87. Signature of others	
88. Signature of others		89. Signature of others		90. Signature of others	
91. Signature of others		92. Signature of others		93. Signature of others	
94. Signature of others		95. Signature of others		96. Signature of others	
97. Signature of others		98. Signature of others		99. Signature of others	
100. Signature of others		101. Signature of others		102. Signature of others	

Dr. Alessi

50 1068

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1068

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John R. Schueler

2. DATE OF DEATH
Feb. 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3211 Beverly Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3211 Beverly Road

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

Yrs.
Mos.
Days

8. DATE OF BIRTH

Apr. 10, 1897

9. AGE (In years last birthday)

52

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector, Police Department

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Schueler

14. MOTHER'S MAIDEN NAME

Theresa Shipley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Josephine Schueler, 3211 Beverly Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec 31, 1946 to Feb 4, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-7-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1950

T. W. Williams, Jr.

Leonard J. Ruck, 5305 Harford Road

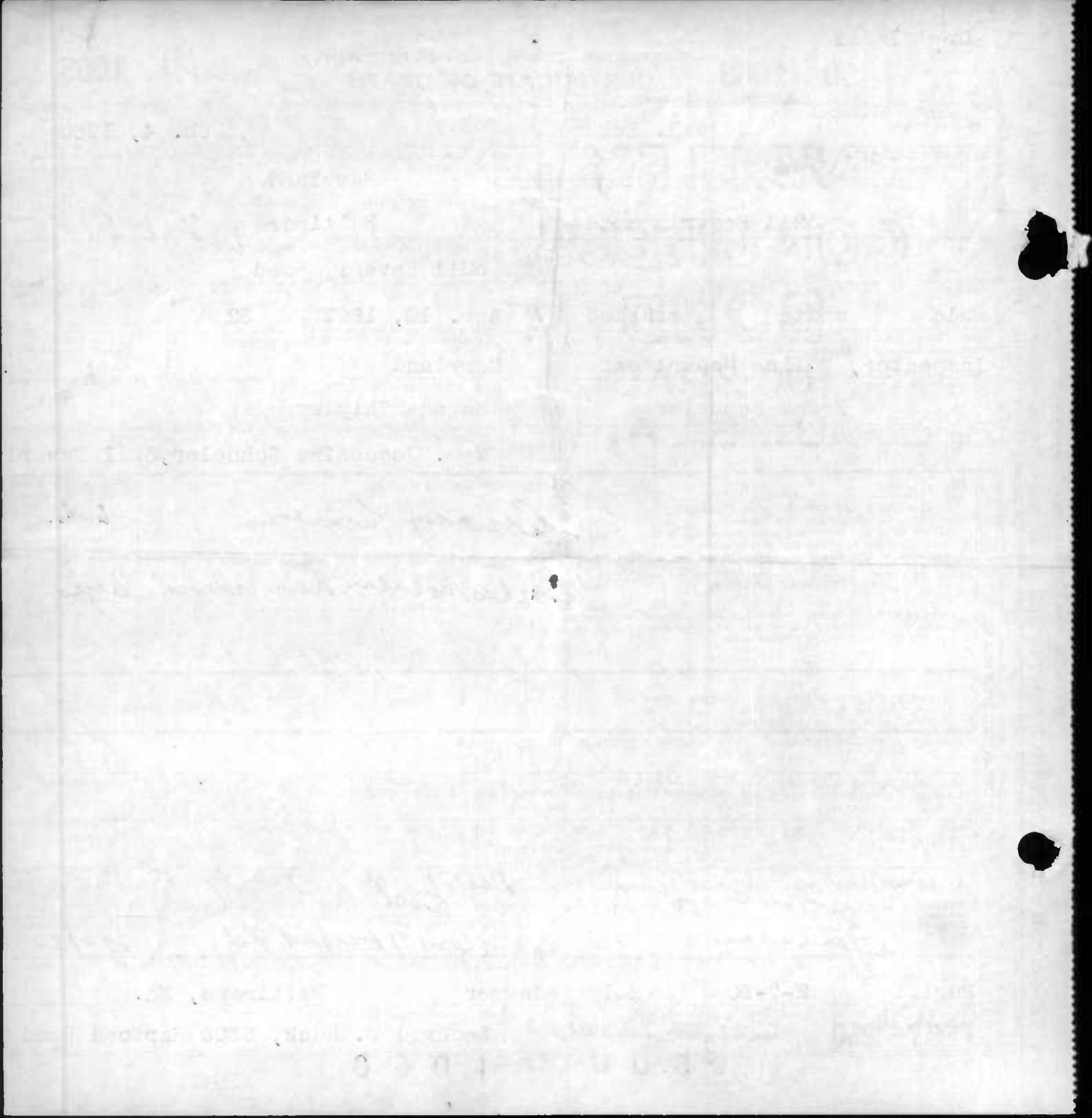
VS 150

60498 5000001000

13/a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



50 1069		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		50 1069 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Elizabeth Bush			2. DATE OF DEATH 2/6/1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1413 West Lemon Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 19-03		
C. Length of stay in Baltimore 40 Yrs. Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1413 West Lemon Street		
5. SEX Female	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/8/1889	9. AGE (In years last birthday) 60	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Burlington N.C.
13. FATHER'S NAME Franklin Radliff			14. MOTHER'S MAIDEN NAME Amanda Radliff		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Earl Johnson			ADDRESS 1406 West Lemon Street		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO (B) Bronchitis DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 4 weeks		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 8, 1949, to Feb 6, 1950, that I last saw the deceased alive on Jan 30, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.					
23A. SIGNATURE J. Douglas Shepperd		23B. ADDRESS 609 N. Fulton Ave		23C. DATE, SIGNED 2/6/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/9/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
24D. LOCATION (City, town, or county) Brooklyn A.A.Co.Md.		25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly AVE	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1950		REGISTRAR'S SIGNATURE [Signature]		VS 150	

12th 92

RECEIVED
COMMUNICATIONS
SECTION
JAN 14 1942

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

SHAMLEFFER

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF

(If not in hospital or institution, give street address or

HOSPITAL OR
INSTITUTION

location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years;
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Jan 1950, to 5 Feb 1950, that I last saw the
deceased alive on 5 Feb 1950, and that death occurred at 10P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

46F

Received of the Treasurer of the
 State of New York the sum of
 \$100.00

for the purchase of
 100 shares of
 the New York State
 Lottery

on the 1st day of
 January 1901

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

for the purpose of
 the purchase of
 100 shares of
 the New York State
 Lottery

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-526 50 1071

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 1071

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Thomas Younger.

2. DATE
OF
DEATH

2-6-1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Md.

B. COUNTY _____

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1007 W. Lexington St.

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 18-02

7. STREET ADDRESS (If rural, give location)

1007 W. Lexington St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

8. SEX

Male

9. COLOR OR RACE

C

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

11. DATE OF BIRTH

Oct. 10, 1872

12. AGE (In year, last birthday)

If Under 1 Year

If Under 24 Hours

13A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

13B. KIND OF BUSINESS OR INDUSTRY

14. BIRTHPLACE (State or foreign country)

Halifax Co. Va.

15. CITIZEN OF WHAT COUNTRY?

U. S. A.

16. FATHER'S NAME

Joseph Younger.

17. MOTHER'S MAIDEN NAME

Pett Bailey.

18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

19. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Bessie Clark. 1007 W. Lexington St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Coronary Embolism

Sudden

II
ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

Congestive Heart Failure

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1949 to Feb 6, 1950, that I last saw the deceased alive on Jan. 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William J. Washington Jr.

M. D.

23B. ADDRESS

1535 W. Lexington St.

23C. DATE SIGNED

Feb. 7, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

Bacon Chapel

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co (near Laurel) Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 7 - 1950

REGISTRAR'S SIGNATURE

William J. Washington Jr.

25. FUNERAL DIRECTOR

Ridgely Selby

ADDRESS

Laurel, Md

CONFIDENTIAL

RECORD

100-100000



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1072

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write R.U. and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Arteriosclerotic
Hypertensive Cardio-Vascular-Renal
Disease*

DUE TO

24 years

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C) *Right Hemiplegia secondary to
Cerebral hemorrhage, old*

(C) *Right Hemiplegia secondary to
Cerebral hemorrhage, old*

1 year.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from *OCTOBER*, 1947, to *6 Feb*, 1950, that I last saw the deceased alive on *6 Feb*, 1950, and that death occurred at *10⁴⁵ p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1915

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY

PLANT INDUSTRY
BUREAU OF PLANT INDUSTRY
UNITED STATES DEPARTMENT OF AGRICULTURE

R-163

50 1073

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. 50 1073

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Roberts

2. DATE
OF
DEATH

2-3-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 11-02

c. Length of stay in Baltimore

14

Yrs.
Moe.
Days

D. STREET ADDRESS (If rural, give location)

928 Brevard St

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 28-1896

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Kitchen-Mercy Hospital

10b. KIND OF BUSINESS OR
INDUSTRY

Hospital

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Roberts

14. MOTHER'S MAIDEN NAME

Estella Graves

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Helen Roberts

ADDRESS

928 Brevard St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Accident

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardio-Vascular Disease

5 yrs

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2/3/50, to 2/3/50, that I last saw the
deceased alive on 2/3, 1950, and that death occurred at 3:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE

M. W. Jones

M. D.

23b. ADDRESS

M. W. Jones

23c. DATE SIGNED

2/4/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

2-8-50

24c. NAME OF CEMETERY OR CREMATORY

Baltimore National Cemetery

24d. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. W. Jones

25. FUNERAL DIRECTOR

ADDRESS

A. A. Helstead - 918 -

Alvord Hill Ave.

VS 150

77092

935

UNITED STATES DEPARTMENT OF AGRICULTURE

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

1944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1074
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Arthur Brown

2. DATE OF DEATH

Feb 4-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 812 N. Dallas St

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

812 N. Dallas St

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

7+05

c. Length of stay in Baltimore

Yrs. Mos. Days

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 4-1888

9. AGE (In years last birthday)

62

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Carpenter

11. BIRTHPLACE (State or foreign country)

Franklin Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

J. J. Brown

14. MOTHER'S MAIDEN NAME

Mary Parker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

216-03-7797

17. INFORMANT

Jessie Brown 812 N. Dallas St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Right Hemiplegia

2 years

(C)

Myocarditis

?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1947 to 2/4, 1950, that I last saw the deceased alive on 2/4, 1950, and that death occurred at 7:12 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. DeForest

23B. ADDRESS

822 N. Broadway

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 8-1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Cem.

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

Robert E. Williams 1515 Mc Elroy St

ADDRESS

FEB 7 - 1950

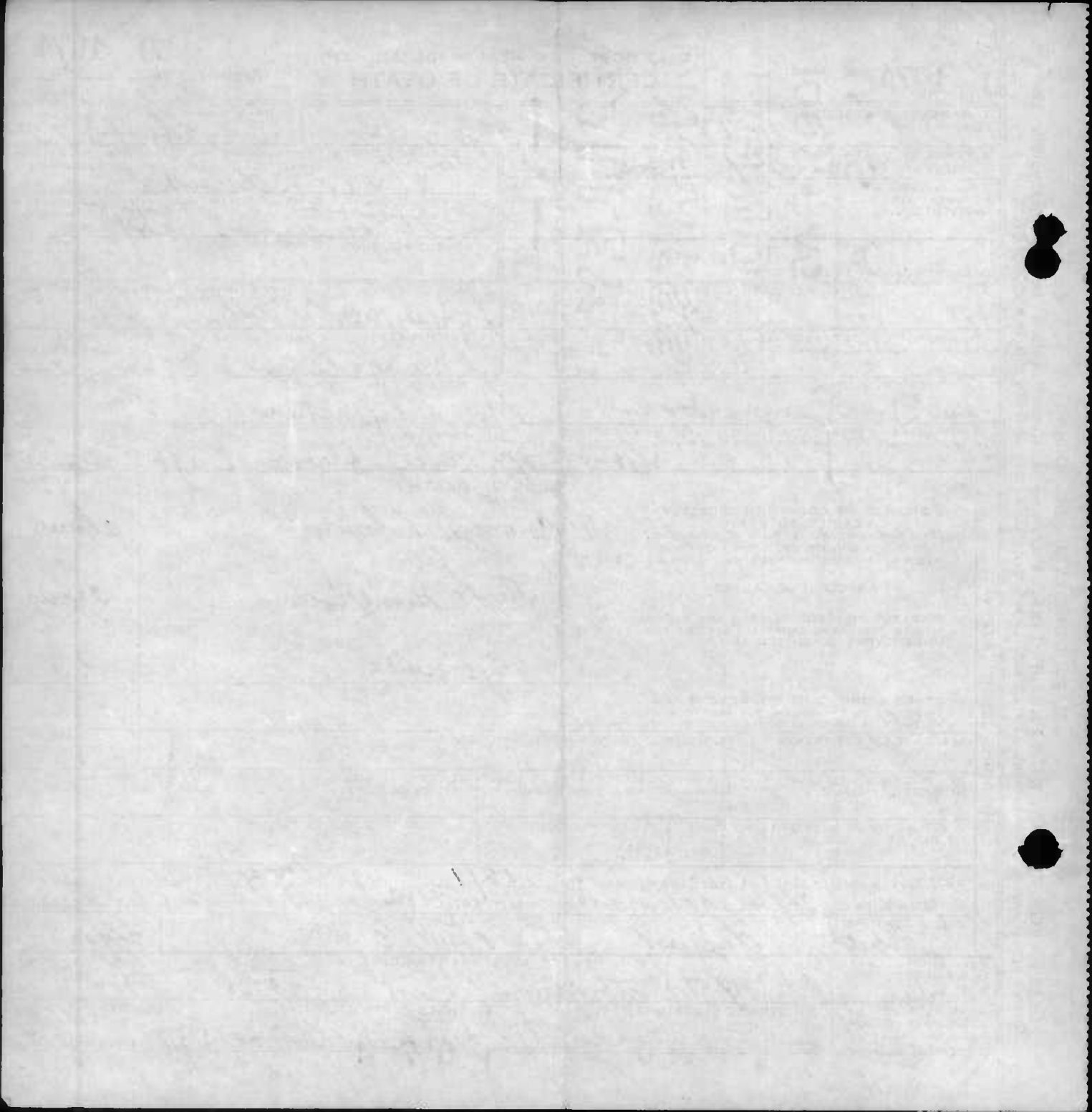
VS 150

308 V9

93E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1075

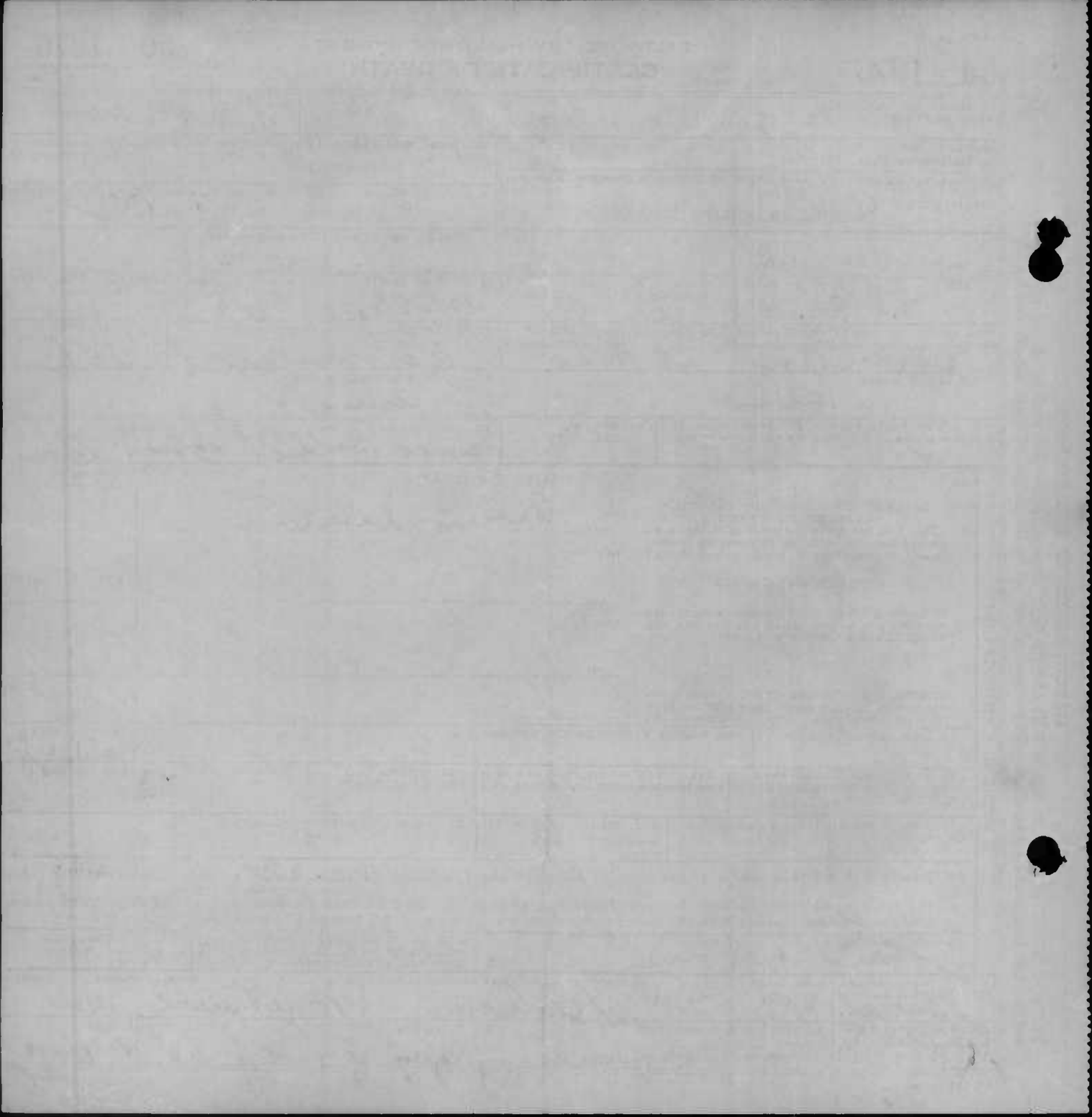
BIRTH NO. 50 1075

1. NAME OF DECEASED (Type or Print) <i>Wtzy. Edwin Herbert - Sr. 443</i>			2. DATE OF DEATH <i>2/5/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Anne Arundel</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2 Church St.</i>		
6. SEX <i>M</i>	7. COLOR OR RACE <i>W</i>	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	9. DATE OF BIRTH <i>Sept. 23, 1891</i>	10. AGE (In years last birthday) <i>58</i>	11. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>TEAMSMAN</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>DAVIDSON CO</i>		
13. FATHER'S NAME <i>John Wtzy</i>			14. MOTHER'S MAIDEN NAME <i>Charlotte Brown</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>FAMILY - SANE</i>			ADDRESS		

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>			(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Hypertensive cardio-vascular disease</i>			(B) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2-4, 1950</i> , to <i>2-5, 1950</i> , that I last saw the deceased alive on <i>2-5, 1950</i> , and that death occurred at <i>12:05 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sam Blamp</i>		23B. ADDRESS <i>Franklin Sq. Wksh.</i>		23C. DATE SIGNED <i>2-5-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>B.</i>	24B. DATE <i>2-8-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 7 - 1950</i>	REGISTRAR'S SIGNATURE <i>William G. Williams</i>	25. FUNERAL DIRECTOR <i>James P. Currey</i>		ADDRESS <i>130 S. Hat Ave.</i>	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1076BIRTH NO. 50 1076

1. NAME OF DECEASED (Type or Print) <u>Celeste Ford</u>		2. DATE OF DEATH <u>Feb. 6, 1950</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>19-02</u>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <u>208 N. Vincent St.</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>12/25/1909</u>
9. AGE (In years last birthday) <u>40</u>		10. Under 1 Year Months: Days	
11. Under 24 Hours Hours: Min.		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Annie?</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>James Biddle</u>		ADDRESS <u>322 E. Gilman</u>	
18. CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Anterior Myocardial Infarction</u>			
(A) DUE TO			
ANTECEDENT CAUSES (B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inq.</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE <u>Carl L. Royer</u>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>	
23C. DATE SIGNED <u>Feb. 7, 1950</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2/8/50</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>		24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 7 - 1950</u>		REGISTRAR'S SIGNATURE <u>Thurston Williams</u>	
FUNERAL DIRECTOR <u>Joseph A. Finely</u>		ADDRESS <u>66 W. Borne</u>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

50

1077

BIRTH NO. 59-1077

1. NAME OF DECEASED (Type or Print) Henry F. Nelson			2. DATE OF DEATH Feb. 5, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 1-03		
D. STREET ADDRESS (If rural, give location) 2442 Foster Ave.			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/6/1921		9. AGE (In years last birthday) 28
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Clerk		10B. KIND OF BUSINESS OR INDUSTRY U.S. Mail	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME August Nelson			14. MOTHER'S MAIDEN NAME Frances Schultz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		(If yes, give war or dates of service) WW II	16. SOCIAL SECURITY NO. ?		17. INFORMANT Frances Schultz
ADDRESS 2442 Foster Ave. Balto.					

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning-(found drowned) DUE TO		
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Harbor	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Found drowned at Fallsway south Of Balto. St. (Jones Falls)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Found Feb. 5, 1950 9 m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Found drowned		
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input checked="" type="checkbox"/> .				
23A. SIGNATURE <i>Paul L. Royce</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/> Feb. 6, 1950		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/9/1950	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn	24D. LOCATION (City, town, or county) (State) Baltimore County, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1950	REGISTRAR'S SIGNATURE <i>Wm. J. Williams</i>	25. FUNERAL DIRECTOR ADDRESS Lilly & Zeiler Inc. 403 S. Wolfe St. Balto.		

VS 151

26695

183

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1078

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EFFIE M. PETTY

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

578 W. 33rd St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-06

D. STREET ADDRESS (If rural, give location)

578 W. 33rd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 21, 1893

9. AGE (In years
last birthday)

56

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter W. Appleby

14. MOTHER'S MAIDEN NAME

Ida March.

15. WAS DECEASED EVER IN U. S. ARMED FORCES
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Everett R. Appleby, 578 W. 33rd St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Left Breast 3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1947, to Feb 6, 1950 that I last saw the
deceased alive on Feb 6, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davies

23B. ADDRESS

800 W 33rd St

23C. DATE SIGNED

2-6-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Entombment

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

E. North Ave.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Paul E. L. Henrich, 3415-17 Chestnut Ave

FEB 7 1950

50 1078

50

3701 (3)

RECEIVED 10/2/1971



50 1079

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1079
Registered No.

1. NAME OF DECEASED (Type or Print) Mrs Minnie Whitehill			2. DATE OF DEATH Feb. 5, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland City Parkington Rd			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3304 Parkington Rd.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-17		
c. Length of stay in Baltimore 64 yrs.			D. STREET ADDRESS (If rural, give location) 4805 Park Heights Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1885	9. AGE (In years last birthday) 64	10. Under 1 Year 8 Months 28 Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Aaron Miller			14. MOTHER'S MAIDEN NAME Bertha Miller		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Irving Whitehill			ADDRESS 3304 Parkington Rd		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the stomach DUE TO			INTERVAL BETWEEN ONSET AND DEATH 11/11/49		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov 11, 1949 to Feb 5, 1950 , that I last saw the deceased alive on Feb 5, 1950 , and that death occurred at 7:35 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Wm. St. Subert		23B. ADDRESS 4803 Park Heights Ave		23C. DATE SIGNED Feb 7, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 9, 1950	24C. NAME OF CEMETERY OR CREMATORY Oheb Shalom		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1950		REGISTRAR'S SIGNATURE Wm. St. Subert		25. FUNERAL DIRECTOR David Sondheim & Son	
				ADDRESS 1902 Eutaw Pl.	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEROY

GIBBS

2. DATE
OF
DEATH

February 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

615 N. Paca Street

c. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 16, 1919

9. AGE (In years last birthday)

30

11 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Cement Work

11. BIRTHPLACE (State or foreign country)

Georgetown, S.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Brister Gibbs

14. MOTHER'S MAIDEN NAME

Susie Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

248-12-8121

17. INFORMANT

ADDRESS

Jos. E. Marshall-933 Madison Ave-1

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

615 N. Paca Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

February 3, 1950 10:00 Pm.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Sharp Instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

H. J. McCafferty

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☒M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 9, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mount Zion

24D. LOCATION (City, town, or county)

Georgetown, S.C.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 7 - 1950

The CHARLES R. LAW MORTUARY

80284 MADISON AVENUE

VS 151

988 V9

167

BALTIMORE 1, MD.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 1081**

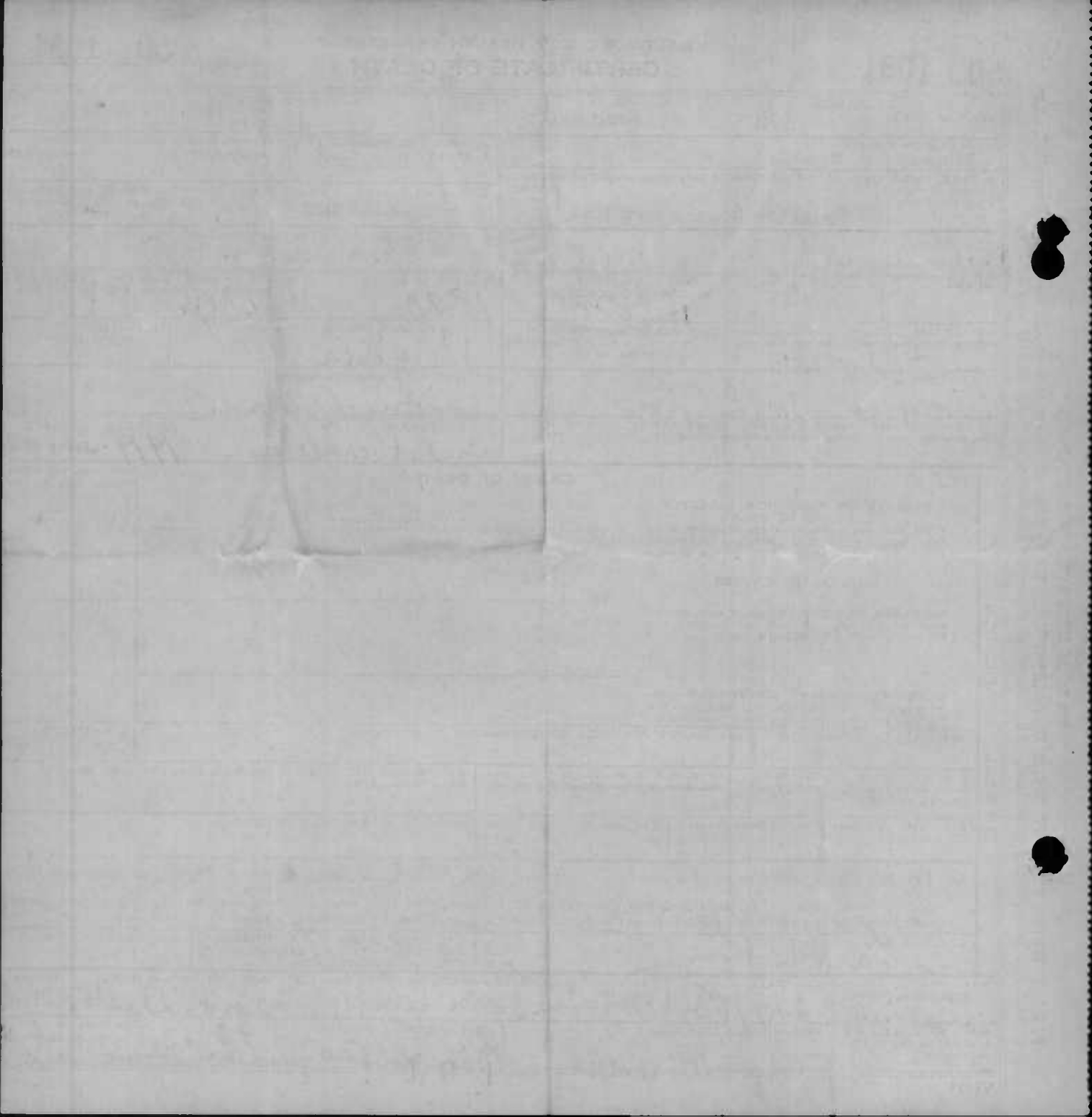
50 1081

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Julian Washington		2. DATE OF DEATH Feb. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 8 N. Stricker St.	
c. Length of stay in Baltimore 40 Yrs		5. SEX M		6. COLOR OR RACE C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1890		9. AGE (in years last birthday) 60 Yrs	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Virginia	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Thomas Washington		14. MOTHER'S MAIDEN NAME Lon Russell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Lucy Hesketh	
18. CAUSE OF DEATH		19. ADDRESS		20. INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH		20. INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) (A) Pulmonary tuberculosis		2 wks +	
DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)			
DUE TO			
(C)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Carl L. Boyle		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED Feb. 7, 1950	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/50		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.		24D. LOCATION (City, town, or county) (State) Westport Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1950		REGISTRAR'S SIGNATURE William H. H. H.		25. FUNERAL DIRECTOR Metropolitan Funeral Home Inc.		ADDRESS 932 N. Mount St.	



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1082

BIRTH NO. 1082

1. NAME OF DECEASED
(Type or Print)

BENJAMIN. F. CRISP JR

2. DATE
OF
DEATH

Feb. 5. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 733.5 PONCA ST

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-05

D. STREET ADDRESS (If rural, give location)

733.5. PONCA

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
WIDOWER

8. DATE OF BIRTH

Oct 21. 1867

9. AGE (In years last birthday)

82 83.

If Under 1 Year

Months: Days: Hours: Min.

3 15

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

BILL COLLECTOR

10B. KIND OF BUSINESS OR INDUSTRY

COLLECTOR

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

BENJAMIN. F. CRISP SR.

14. MOTHER'S MAIDEN NAME

CHRISTINA. SNYDER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

212-18-0774

17. INFORMANT

JILLY. M. OSNOWSKI 733.5 PONCA ST

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

acute coronary thrombosis

DUE TO

ANTECEDENT CAUSES

(B)

myocardial coronary sclerosis - damage

DUE TO

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1950, to 2/4, 1950, that I last saw the deceased alive on 1/4, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.

23A. SIGNATURE

A. G. Homestead

23B. ADDRESS

204 E. Biddle St

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 8. 1950

24C. NAME OF CEMETERY OR CREMATORY

Greenmount. Cem.

24D. LOCATION (City, town, or county)

Greenmount are Md

(State)

DATE RECEIVED BY

FEB 7 - 1950

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

WENDELL D. DIPPEL 312 Highland Ave

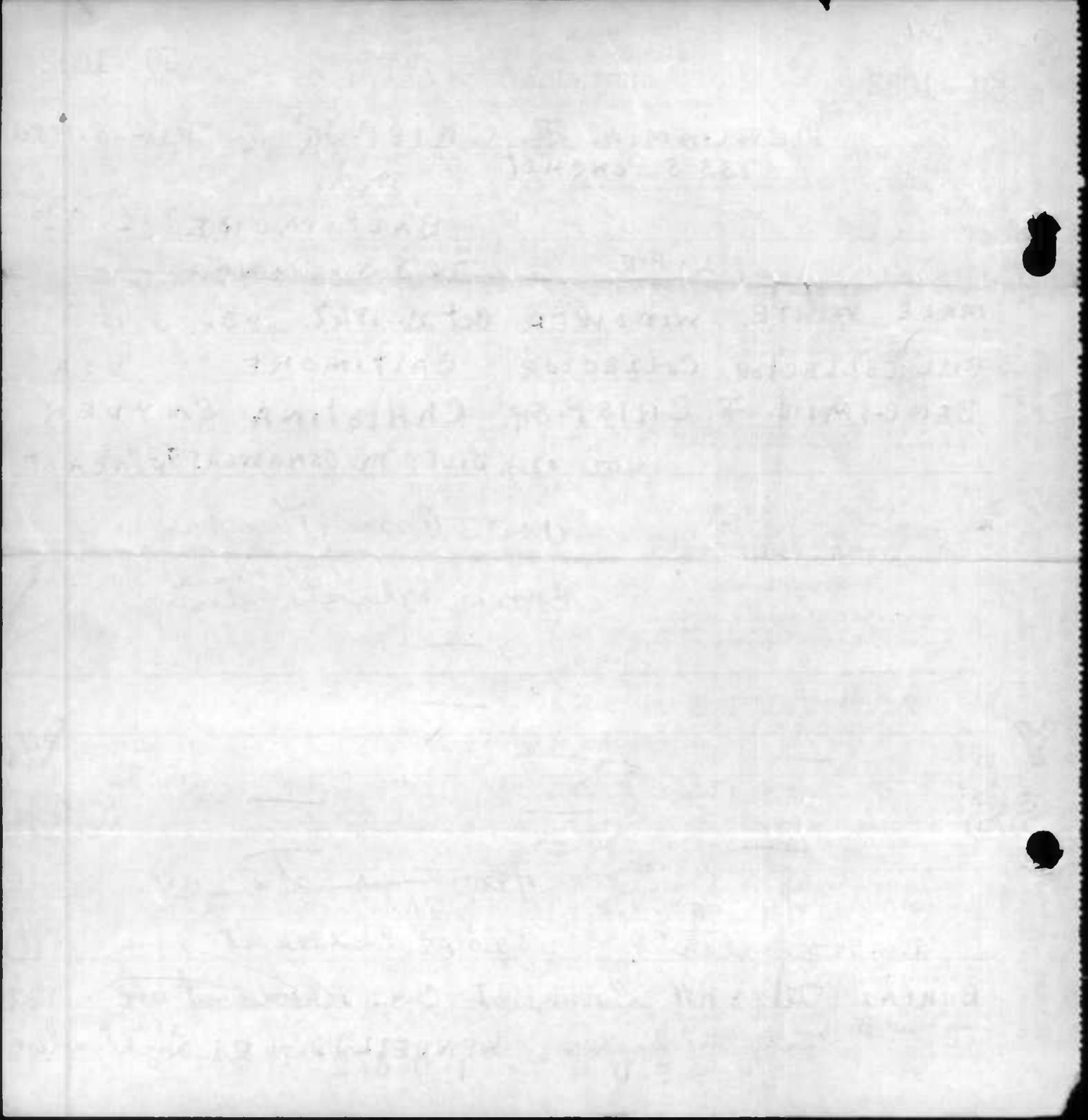
ADDRESS

VS 150

25263

7500001000

94a



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1083
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Florence Human

2. DATE
OF
DEATH

2/2/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1643 Lafayette Ave.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1643 Lafayette Ave.

c. Length of stay in Baltimore Life time

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 4, 1878

9. AGE (In years last birthday)

71 72

It Under 1 Year Months: Days

It Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Burley

14. MOTHER'S MAIDEN NAME

Harriet

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Bernice Johnson 1643 Lafayette Ave., Balt.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Veemia*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Chronic Glomerulonephritis*

DUE TO

3 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6 1948, to 2/2, 1950, that I last saw the deceased alive on 1/30, 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. Preston Grant

23B. ADDRESS

601 N. Carrollton

23C. DATE SIGNED

2/4/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 6, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mount Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Russ 1200 McCulloh St., Balt., Md.

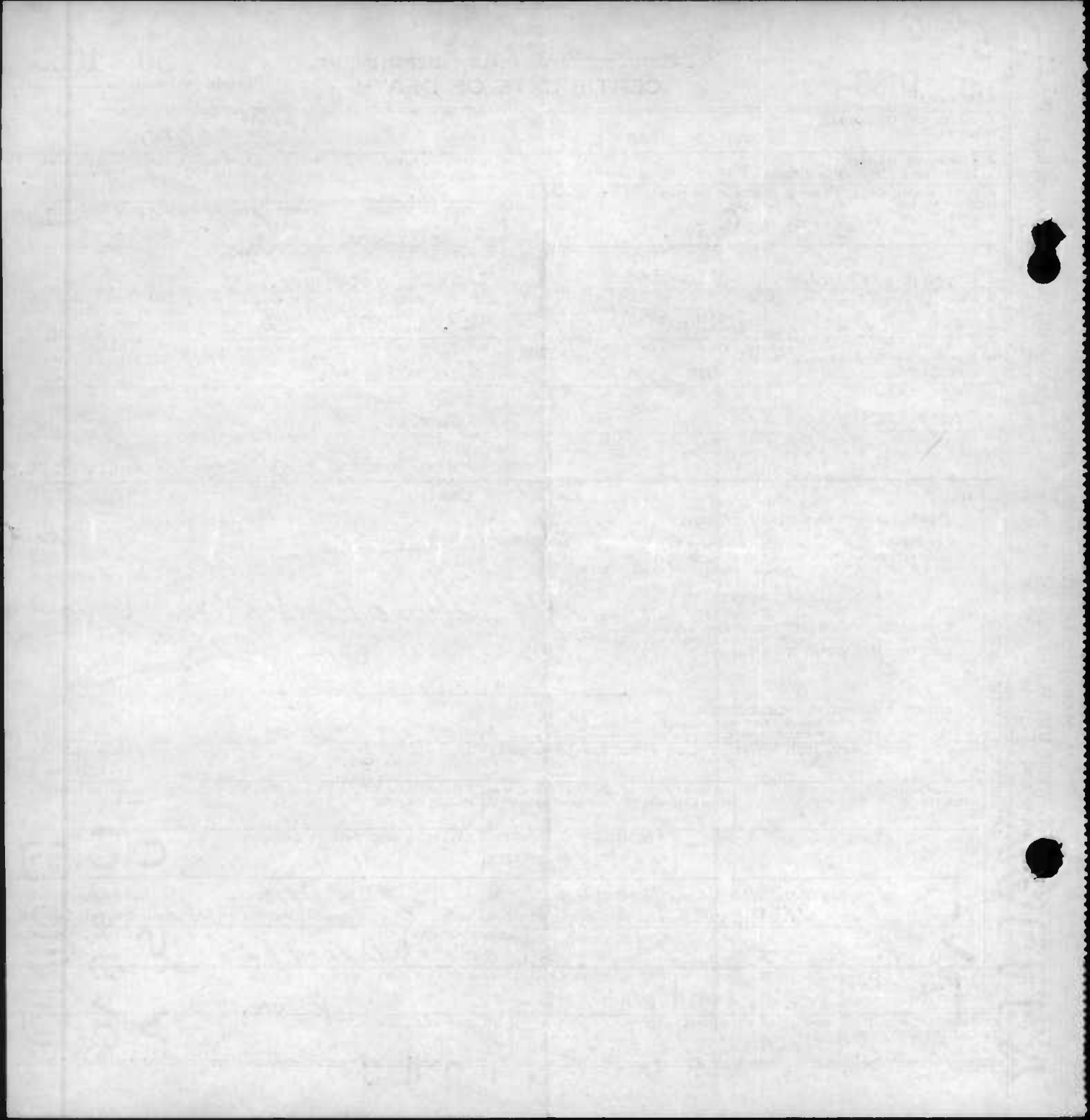
FEB 7 - 1950

VS 150

1313

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



1. NAME OF DECEASED
(Type or Print) Samuel Johnson

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

5. SEX Male **6. COLOR OR RACE** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship in Store **10B. KIND OF BUSINESS OR INDUSTRY**

13. FATHER'S NAME Alexander Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no **16. SOCIAL SECURITY NO.**

2. DATE OF DEATH JAN 24 1950

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01

D. STREET ADDRESS (If rural, give location) 605 N Decker Ave

8. DATE OF BIRTH June 12, 1891 **9. AGE** (In years last birthday) 58 **11. BIRTHPLACE** (State or foreign country) Md **12. CITIZEN OF WHAT COUNTRY?**

14. MOTHER'S MAIDEN NAME Clea Mills

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(A) Congestive Heart Failure mos

DUE TO

(B) Atherosclerotic Cardio-

DUE TO

(C) Vascular Disease yrs

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY
W. H. Kummer, M.D.
per B. Fisher M.D.

19A. DATE OF OPERATION **19B. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21C. WHERE DID MEDICAL EXAMINER INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 1950, to 6-30, 1950, that I last saw the deceased alive on 7, 1950, and that death occurred at 5:00 a.m. from the causes and on the date stated above.

23A. SIGNATURE David Lukens M.D. **23B. ADDRESS** JOHNS HOPKINS HOSPITAL **23C. DATE SIGNED**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE RECEIVED BY LOCAL REGISTRAR FEB 7 - 1950

24B. DATE Jan 26 50

REGISTRAR'S SIGNATURE Washington Phillips, Md

24C. NAME OF CEMETERY OR CREMATORY Dorchester Cemetery

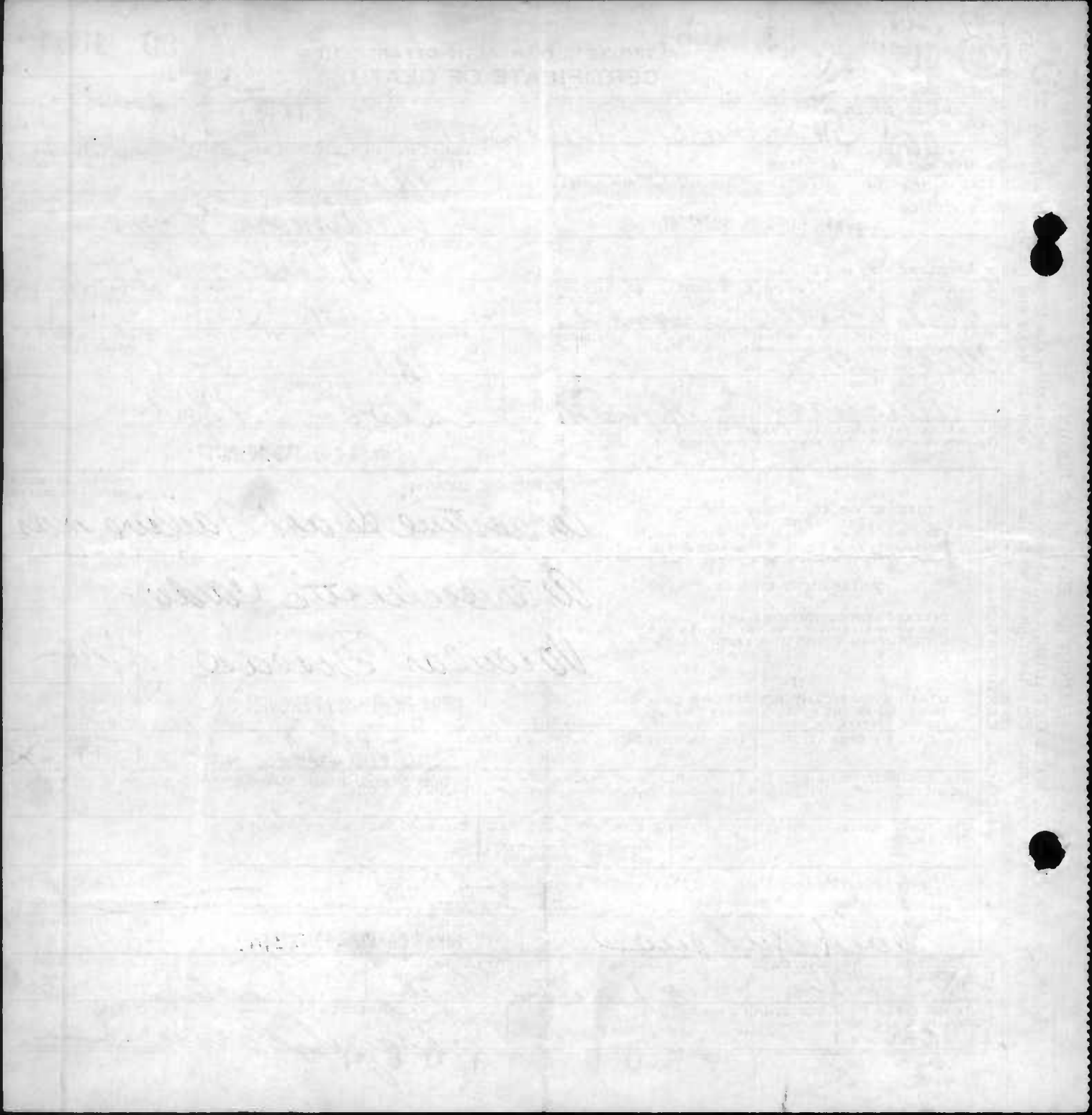
24D. LOCATION (City, town, or county) (State) Dorchester Md

25. FUNERAL DIRECTOR ADDRESS J. Virgil Moore & Son

VS 150

29079 1950 00001084

930



M-610 50 1085

BALTIMORE CITY HEALTH DEPARTMENT

50 1085

CERTIFICATE OF DEATH

Registered No. 151

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Murphy, James L.</i>			2. DATE OF DEATH <i>Feb. 4, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>705 E. 22nd St.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE 9-08</i>		
c. Length of stay in Baltimore <i>LIFETIME</i>			D. STREET ADDRESS (If rural, give location) <i>705 E. 22nd St.</i>		
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>MAY 30, 1881</i>	9. AGE (In years last birthday) <i>68</i>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>SALESMAN</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>INSURANCE</i>	11. BIRTHPLACE (State or foreign country) <i>BALTIMORE, MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Joseph F. Murphy</i>			14. MOTHER'S MAIDEN NAME <i>UNKNOWN ANNA M. VARENDINI</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>SELF - 705 E. 22nd St. Baltimore</i>	

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>CARDIOE FRI LURE</i> DUE TO			<i>1 HR.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>CARE: NO. 2 ST. MARCH</i> DUE TO			<i>13 MOS.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION <i>1-29-50</i>	19B. MAJOR FINDINGS OF OPERATION <i>Growth in stomach (Pneumonia)</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 4, 1950</i> , to <i>Feb 4, 1950</i> that I last saw the deceased alive on <i>Feb. 4, 1950</i> , and that death occurred at <i>9:45 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Mary E. Matthew</i>		23B. ADDRESS <i>Mercy Hospital</i>	23C. DATE SIGNED <i>Feb-4-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>2-8-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>CATHEDRAL -</i>	24D. LOCATION (City, town, or county) (State) <i>CITY -</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 7-1950</i>	REGISTRAR'S SIGNATURE <i>Wiedefeld and Son</i>	25. FUNERAL DIRECTOR ADDRESS <i>WIEDEFELD AND SON</i>	
VS 150 <i>27480</i> <i>1000 MOUNT AVE. & 22nd ST. BALTIMORE - 18, MARYLAND</i>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1911

RECEIVED



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew Duffy

2. DATE
OF
DEATH

2-4-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mary Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2244 CECIL AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-2-

8. DATE OF BIRTH

1925

9. AGE (In years
last birthday)

-25-

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

FIRE FIGHTER

10B. KIND OF BUSINESS OR
INDUSTRY

BALTO. FIRE DEPT.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ANDREW DUFFY

14. MOTHER'S MAIDEN NAME

WINIFRED BUTLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES-

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR. ANDREW DUFFY - 2244 CECIL AVE.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Asphyxiation due to smoke

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Factory

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

121 W Baltimore ST 4-1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2-4-50 8:00 m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Overcome while fighting a fire

22. I certify that I took charge of the remains described above, held an _____ the coroner and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. DeLoach

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

2-4-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-8-50

24C. NAME OF CEMETERY OR CREMATORY

CATHEDRAL

24D. LOCATION (City, town, or county)

CITY

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 7 - 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WIEDEFELD AND SON

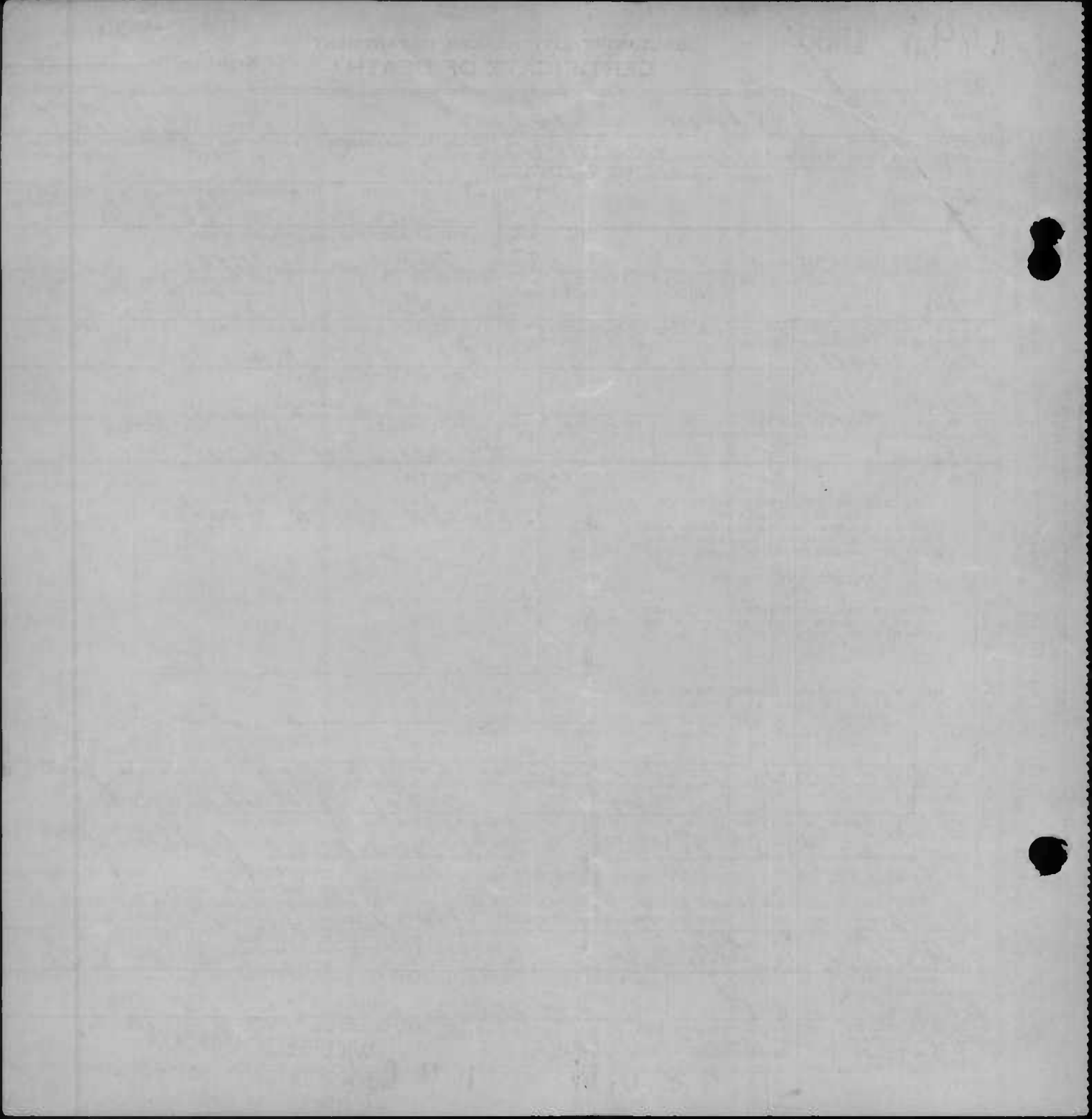
ADDRESS

GREENMOUNT AVE. & 22nd ST.
BALTIMORE - 18, MARYLAND

VS 151

60098

50000180



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

50 1087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1087

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick Keuchling

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

28-04

c. Length of stay in Baltimore

Kofe

D. STREET ADDRESS (If rural, give location)

22 N. Athol Ave

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug 2 1870

9. AGE (In years
last birthday)

79

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

George W. 22 N. Athol

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia

weak.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Urinary retention

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Carcinoma of Prostate
Arteriosclerotic heart disease & coronary failure

19a. DATE OF OPERATION

1/30/50

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Prostate

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/27, 1950 to 2/6/1950, that I last saw the deceased alive on 2/6/1950, and that death occurred at 10:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE

G. Fred Franklin, M.D.

23b. ADDRESS

Franklin Square Hosp 2/6/50

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24b. DATE

FEB 8 '50

24c. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24d. LOCATION (City, town, or county) (State)

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Wight 4101 Edmonson Ave

FEB 7 - 1950

1950 00001087

51B

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

State of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

5-462
50 1088BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH197 50 1088
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ernest Leroy Sollers

2. DATE
OF
DEATH

7 Feb. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Childrens Hospital School4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Maryland B. COUNTY Anne ArundelC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Bristol

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

47

Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

4-12-36

9. AGE (In years
last birthday)

13

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

school

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles

Sollers

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Smith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary metastases

DUE TO

8+ weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Synovial Sarcoma (left knee)

DUE TO

8+ weeks

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

29 Dec. 1949

19B. MAJOR FINDINGS OF OPERATION

Synovial Sarcoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 December 1949, to 7 Feb. 1950, that I last saw the deceased alive on 7 Feb. 1950, and that death occurred at 10³⁰ P. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas Blamerongr

M. D.

23B. ADDRESS

Childrens Hospital School

23C. DATE SIGNED

7 Feb 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-9-50

24C. NAME OF CEMETERY OR CREMATORY

moses

24D. LOCATION (City, town, or county)

Brimy

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

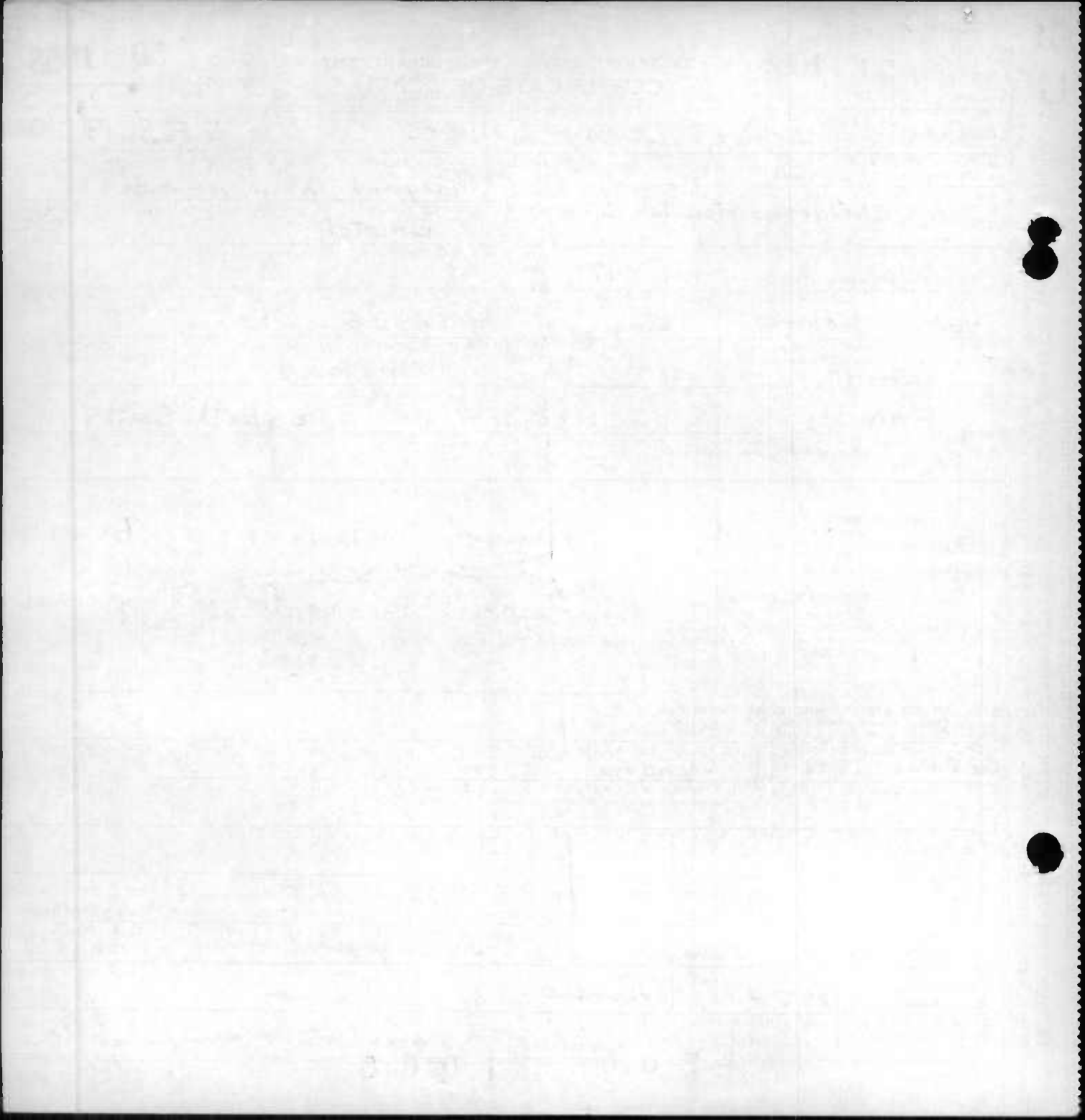
William Williams, M.D.

25. FUNERAL DIRECTOR

T D Hardisty & Son

ADDRESS

Halesville, Ind



MARGIN RESERVED FOR BINDING

PLEASE WRITE PEANUTLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-200

50 1089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1089

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jean HIGGS

2. DATE
OF
DEATH

2/6/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND BALTIMORE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

RANDALLSTOWN P.O.

D. STREET ADDRESS (If rural, give location)

WYNANS ROAD

c. Length of stay in Baltimore

4 WEEKS

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6-26-32

9. AGE (In years
last birthday)

17

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SCHOOL GIRL

10B. KIND OF BUSINESS OR
INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LELAND ELDRED HIGGS

14. MOTHER'S MAIDEN NAME

ELINOR CATHERINE Heebert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknowo) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

—

17. INFORMANT

FATHER

ADDRESS

RANDALLSTOWN

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Increased Intracranial Pressure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) T Bc Meningitis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/10, 1950, to 2/6, 1950, that I last saw the
deceased alive on 2/6, 1950, and that death occurred at 5:18 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisman

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-8-50

24C. NAME OF CEMETERY OR CREMATORY

MT. OLIVE CEMETERY

24D. LOCATION (City, town, or county)

RANDALLSTOWN

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Frank H. Newell, Inc.

ADDRESS

1961 10

RECEIVED THE SECRETARY OF THE STATE
WASHINGTON, D.C. 20540

1961 10

TO : THE SECRETARY OF THE STATE
FROM : THE SECRETARY OF THE STATE
SUBJECT: [Illegible]

[The remainder of the document contains several paragraphs of extremely faint, illegible text, likely a memorandum or official correspondence.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA N. LeCOMPTE

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1608 East 25th Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 East 25th St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 21, 1878

9. AGE (in years
last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Penna

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry D. Meyers

14. MOTHER'S MAIDEN NAME

Catherine Koller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr William H. Meyers, York R.D.#7

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7 1950, to 2/5 1950, that I last saw the
deceased alive on Feb. 5, 1950, and that death occurred at 3:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

Shrewsbury, St. Pauls Ref.

24D. LOCATION (City, town, or county)

Shrewsbury, Pa.

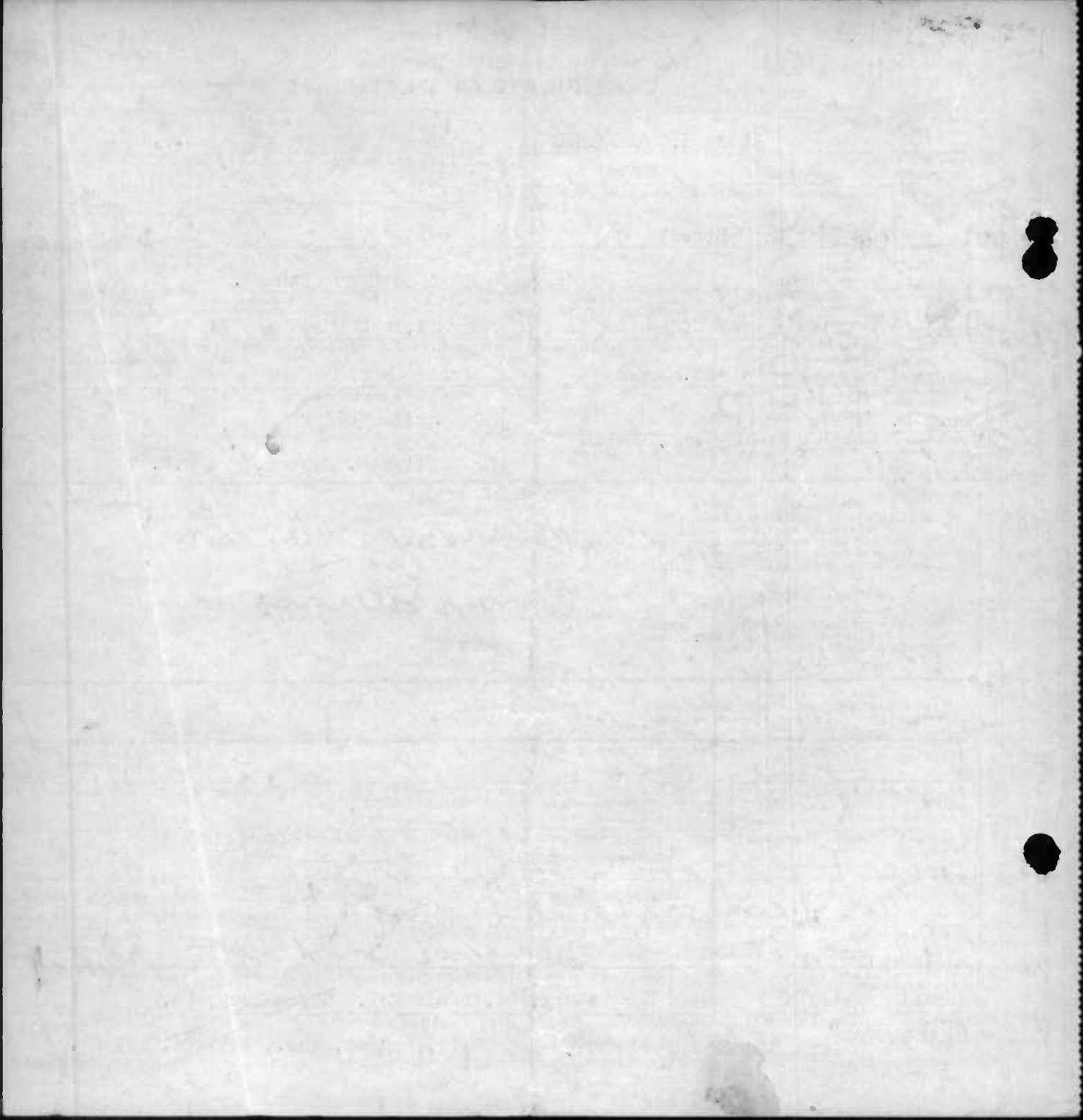
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

William Cook Inc., 1217 St. Paul St.



50 1091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1091

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM ELMER GAMBRILL

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3631 Beuna Vista Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 29, 1879

9. AGE (in years
last birthday)

70

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stone Mason

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George W. Gambrill

14. MOTHER'S MAIDEN NAME

Mary E. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Emma Gambrill, 3631 Beuna Vista Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1949 to Feb 6, 1950 that I last saw the
deceased alive on Feb 6, 1950 and that death occurred at 7:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/9/50

Druid Ridge

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

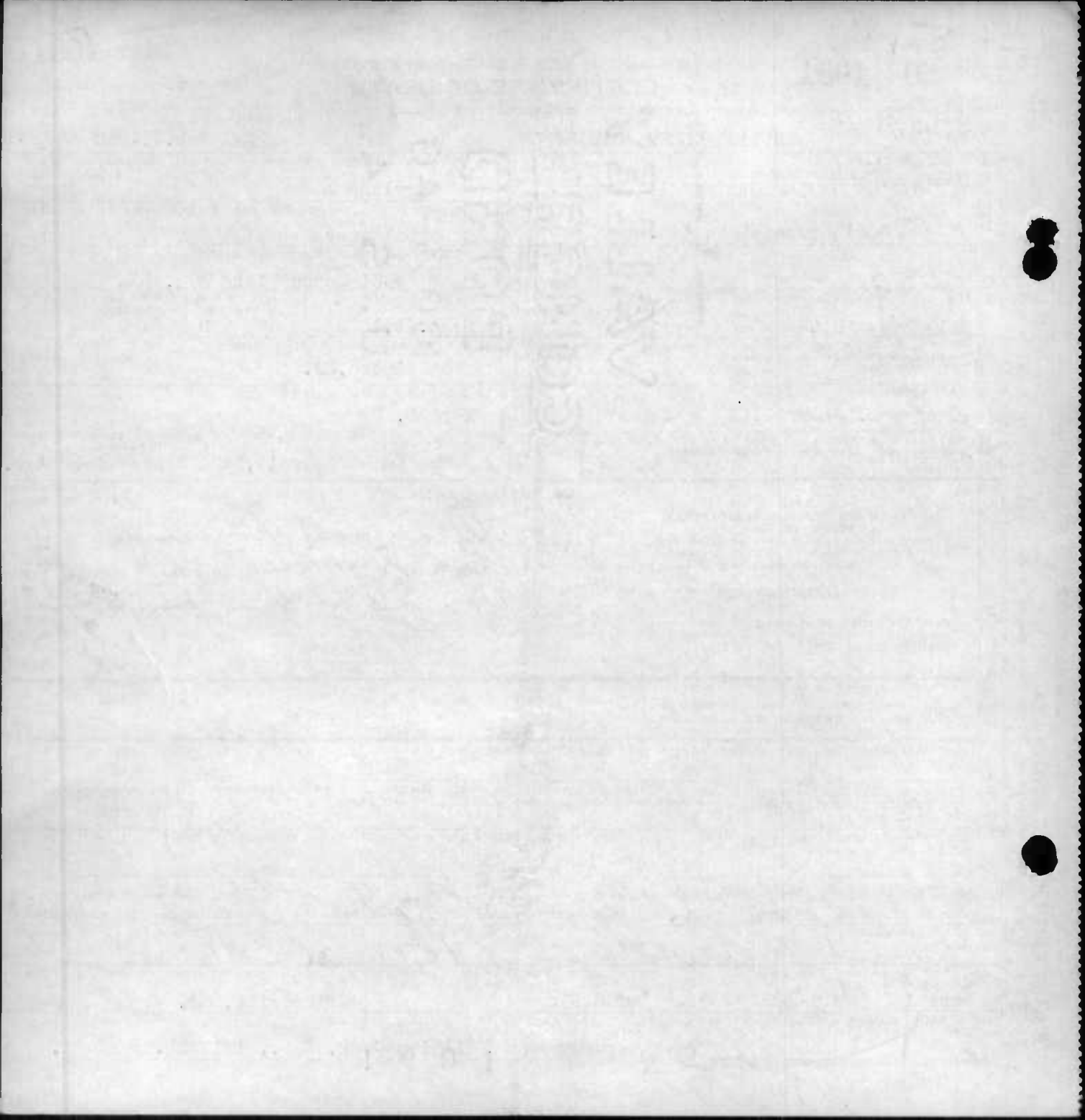
ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 150

306V9

92D



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1092

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM BROWN		2. DATE OF DEATH Feb. 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3514 Mary Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3514 Mary Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH Jan. 23 1872	9. AGE (in years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Musician		10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME (Unknown) Brown		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Bertha Bunker, 3514 Mary Ave.	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Diabetes Mellitus, ins Coma DUE TO Bilateral Pyelitis, Chronic DUE TO DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2/6/50. 1/27/50.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 27, 1950 , to Feb 7 , 19 50 that I last saw the deceased alive on Feb 6 , 19 50 and that death occurred at 10:30 m., from the causes and on the date stated above.					
23A. SIGNATURE James S. White		M. D.		23B. ADDRESS 5214 Harford Rd.	
23C. DATE SIGNED 7/2/50					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/10/50		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge	
24D. LOCATION (City, town, or county) (State) Pikesville, Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 1950		REGISTRAR'S SIGNATURE Huntington Williams, Md.		25. FUNERAL DIRECTOR William Coon, Inc., 1217 St. Paul St.	

Do not suppose that we have
learned all that is to be
learned, and we are to improve the

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry W. Robinson

2. DATE
OF
DEATH

Feb. 3-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

942 S. Sharp St.

00

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

23-01

D. STREET ADDRESS (If rural, give location)

942 S. Sharp St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

unknown-

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Produce

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob T. Robinson

14. MOTHER'S MAIDEN NAME

Elizabeth Chambers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-01-6845 Mary Mills - 1821 Lauretta Ave.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Lobar pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

Malnutrition

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-3, 1950, to 2-3, 1950, that I last saw the
deceased alive on 2-3, 1950, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Benjamin

M. D.

23B. ADDRESS

834 Sharp St.

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/8/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Walter B. Spriggs - 139 W. Hamling St.

to good copy

S-516

50 1094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1094
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph W. Sanford

2. DATE
OF
DEATH

Feb 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

103 WARREN Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (If rural, give location)

103 WARREN Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SEPARATED

8. DATE OF BIRTH

May 7, 1879

9. AGE (In years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

Md. BISCUIT Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William H. Sanford

14. MOTHER'S MAIDEN NAME

Annie R. Bradley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

THOMAS. SANFORD 103 WARREN Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Ante-mortem 'Cardio
vascular disease

2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Feb. 4, 1950, to Feb. 5, 1950, that I last saw the
deceased alive on Feb. 4, 1950, and that death occurred at A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

107 E. WARREN

2/6/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

John F. Denny, Inc.

715 LIGHT ST.

VS 150

988 XV

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. S. Emanuel Ellison

107 E. West. St

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

CERTIFICATE CORRECTED

2-24-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HERBERT KUFF

2. DATE
OF
DEATH

FEB. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1707 N. Broadway

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

8-06

D. STREET ADDRESS (If rural, give location)

1707 N. Broadway

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

FEB. 8, 1905

9. AGE (In years,

last birthday)

44

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CLEANING

10B. KIND OF BUSINESS OR INDUSTRY

CLOTHES

11. BIRTHPLACE (State or foreign country)

BALTIMORE

MD

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JACOB

14. MOTHER'S MAIDEN NAME

ROSE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ESTHER KUFF - 1707 N. Broadway

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute myocardial infarction

1 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic heart disease

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/7/1950, to 2/7/1950, that I last saw the deceased alive on 2/7/1950, and that death occurred at 6:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Mama Friedman

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-8-50

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel

24D. LOCATION (City, town, or county)

Balto

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 1950

REGISTRAR'S SIGNATURE

Mama Friedman

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 Center Rd

VS 150

49688

93D

009384
to Friedman
1737 E North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500		PAYNE		50 1096		50 1096	
BALTIMORE CITY HEALTH DEPARTMENT				416		Registered No.	
BIRTH NO.							
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH			
Martha Payne				Feb 5 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE			
1228 E. Chase St				Md.			
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)			
29 yrs.				1228 E. Chase St			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
Female		Colored		Widow		Jan. 13, 1896	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		9. AGE (In years, last birthday)	
Cook				Demerdis Co. Va.		54	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
Alfred Willis				Ida Stewart			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
						Albert Freeman - 1228 E. Chase St	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH			
DUE TO				Congestive Heart Failure 7 mo			
DUE TO				Rheumatic Heart Disease ?			
DUE TO				Bronchial Asthma ?			
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 20, 1949 to Feb 5, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 1:30 m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. R. C. Jones		M. D.		1228 E. Caroline		2-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Feb 8, 1950		Mt. Calvary Cem.		A. A. County Md	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR		ADDRESS	
FEB 8 1950		William M. Williams		Mrs. Robert G. Elliott & Daughter			
VS 150							
72071							

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

DATE OF DEATH
PLACE OF DEATH

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

L-150 50 1097 BALTIMORE CITY HEALTH DEPARTMENT 50 1097

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

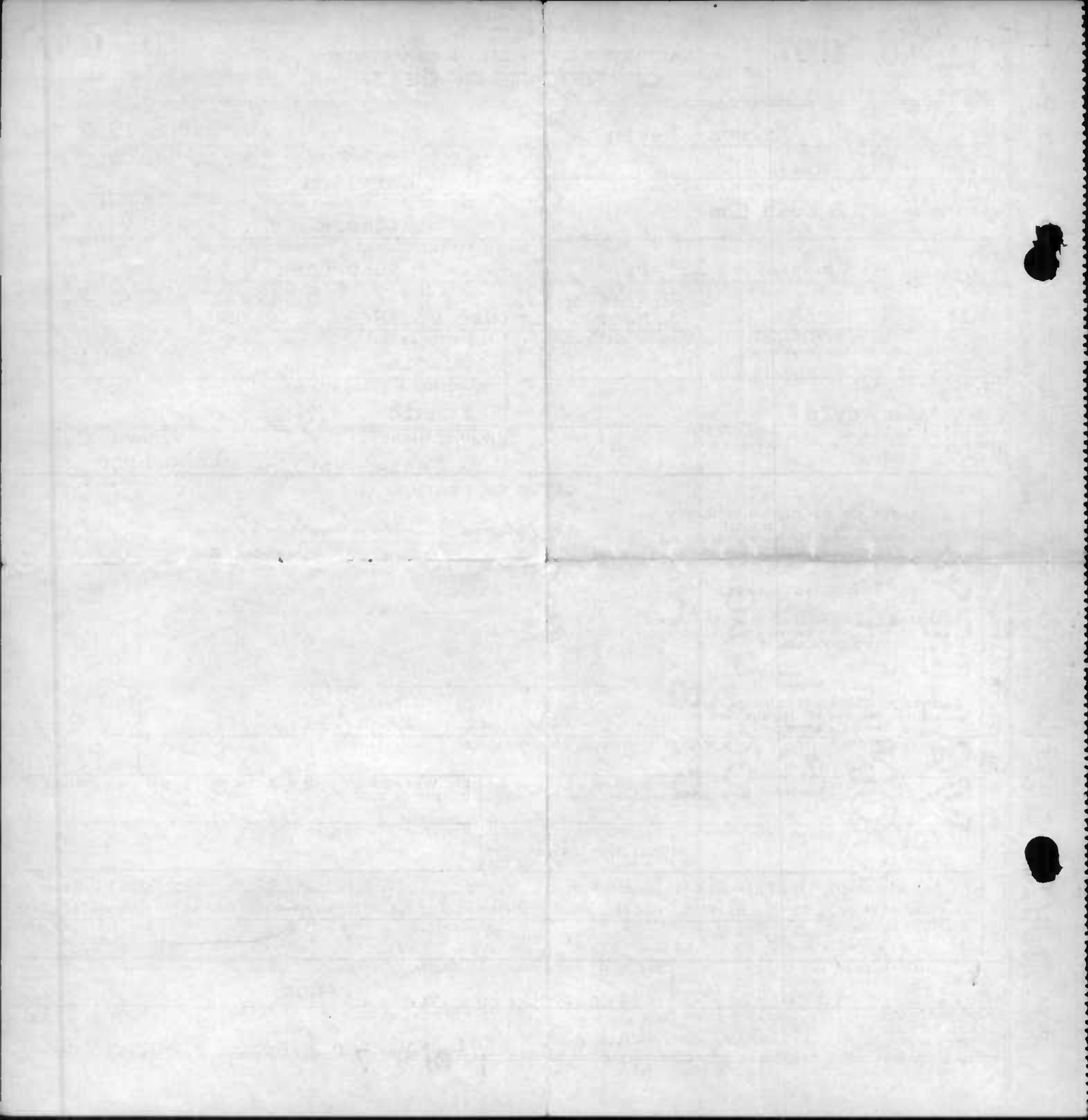
1. NAME OF DECEASED (Type or Print) Marcus Levin			2. DATE OF DEATH Feb 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
8. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2226 KoKo Lane			C. CITY OR TOWN (If outside corporate limits, write KURAL and give township) Baltimore 15-47		
C. Length of stay in Baltimore 11 yrs Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2226 KoKo Lane		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec 25, 1869	9. AGE (In years; last birthday) 80	10 Under 1 Year Months: Days: 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Ephraim Levin			14. MOTHER'S MAIDEN NAME Fannie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS 2226 Mrs Daniel Varlick Koko Lane		

MEDICAL CERTIFICATION

<p>18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p align="center">CAUSE OF DEATH</p> <p>(A) <i>Arteriosclerotic Cardio-Vascular</i> <i>Renal Disease</i></p> <p>DUE TO _____</p> <p>(B) _____</p> <p>DUE TO _____</p> <p>(C) _____</p> <p><i>Cerebral Thrombosis</i></p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p align="center">7</p> <p align="center">4 days.</p>
--	---	---

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
<p>22. I hereby certify that I attended the deceased from <u>2/4</u>, 19<u>50</u>, to <u>2/8</u>, 19<u>50</u>, that I last saw the deceased alive on <u>2/4</u>, 19<u>50</u>, and that death occurred at <u>8:20 a.m.</u>, from the causes and on the date stated above.</p>		
23A. SIGNATURE <i>Joseph S. Bloom M.D.</i>	23B. ADDRESS <i>1115 N. Calver St</i>	23C. DATE SIGNED <i>2/8/50</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 9, 1950	24C. NAME OF CEMETERY OR CREMATORY Wilkes-Barre Pa.	24D. LOCATION (City, town, or county) (State) Penna
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 1950	REGISTRAR'S SIGNATURE <i>Antington Williams, M.D.</i>	25. FUNERAL DIRECTOR ADDRESS 1126 Sol Levinson & Bros W North Ave	



50 1098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1098
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Morris J Rosenzweg

2. DATE
OF
DEATH

Feb 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Madison Apts

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 11-01

D. STREET ADDRESS (If rural, give location)

Madison Apts St Paul & Madison St

C. Length of stay in Baltimore

53 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 29, 1891

9. AGE (In years

last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumber Business

10B. KIND OF BUSINESS OR INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Rosenzweg

14. MOTHER'S MAIDEN NAME

Esther Kushner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 3403

Norman Stanley Rosenzweg Royce

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Massive cerebral hemorrhage

Sudden

DUE TO Hypertensive cardio vascular disease.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Rheumatic heart disease.

DUE TO Generalized arterio-sclerosis.

Coronary heart disease.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/23, 1942, to 2/7, 1950, that I last saw the deceased alive on 10/29, 1949, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

11 E. Chase St., City-2.

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cem

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 1950

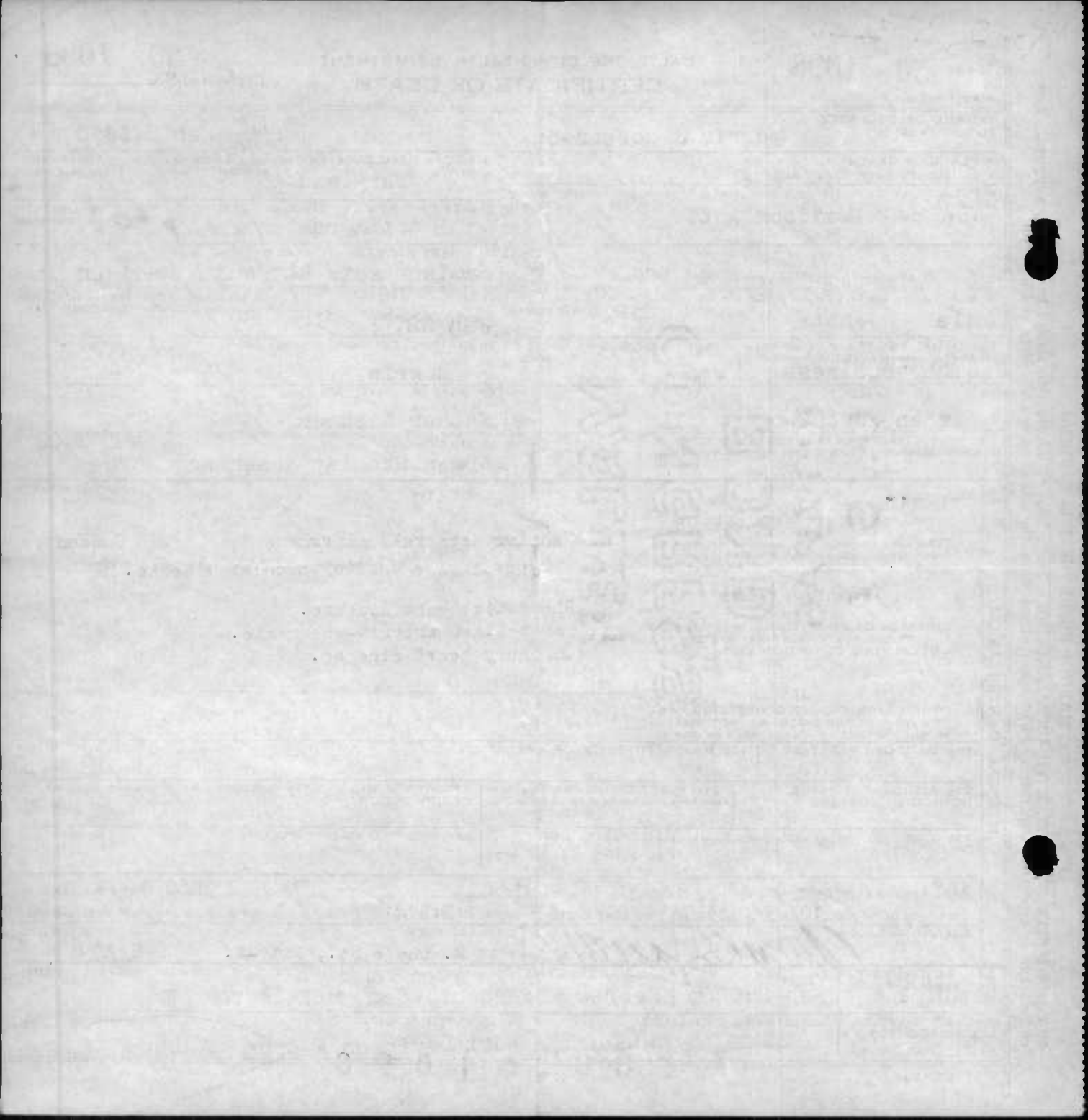
REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Sol Levinson & Bros W North Ave

ADDRESS 1126



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 1099**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LONGWORTH

MITCHELL

2. DATE
OF
DEATH

February 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

530 Orchard Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

530 Orchard Street

c. Length of stay in Baltimore

20 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May? 1909

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Sterilizer

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Allen Mitchell

14. MOTHER'S MAIDEN NAME

Eliza Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. War # 20

16. SOCIAL
SECURITY NO.

1

17. INFORMANT

June Mitchell - Mulberry St.

MEDICAL CERTIFICATION

18

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Advanced Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

2-5-50

24A. FUNERAL CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

[Signature]

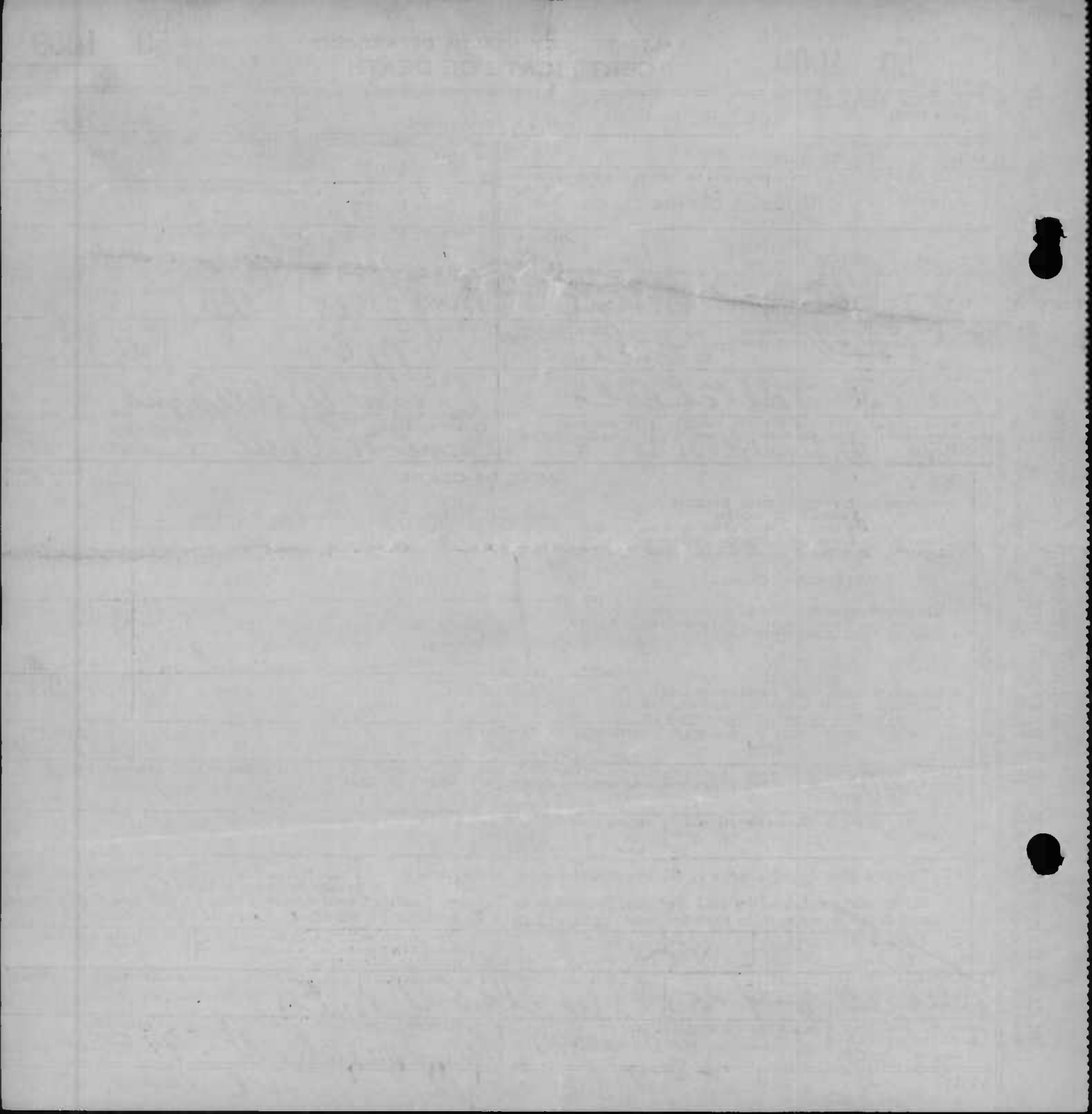
W. Halstead - 918 -

VS 151

90651

130

Hennrich Hill ave. ✓



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T. 656		TRAINOR		50 1100		BALTIMORE CITY HEALTH DEPARTMENT		581.1		50 1100	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John W. Trainor</i>		2. DATE OF DEATH <i>February 6, 1950</i>		3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE <i>md.</i> B. COUNTY		5. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-07</i>		D. STREET ADDRESS (If rural, give location) <i>1342 Washington St.</i>		c. Length of stay in Baltimore Yrs. Mos. Days		6. SEX <i>male</i>		7. COLOR OR RACE <i>white</i>	
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		9. DATE OF BIRTH <i>4-12-95</i>		10. AGE (In years last birthday) <i>54</i>		11. Under 1 Year Months; Days		12. Under 24 Hours Hours; Min.		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bottle</i>	
10B. KIND OF BUSINESS OR INDUSTRY <i>Amn. Druggist</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John F. Trainor</i>		14. MOTHER'S MAIDEN NAME <i>Margaret Scotty</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS		18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		19. MEDICAL CERTIFICATION	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Laennec's Cirrhosis</i>		DUE TO		(B) <i>Chronic Alcoholism</i>		DUE TO		(C) <i>Malnutrition</i>	
ANTECEDENT CAUSES		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-25</i> , 19 <i>50</i> to <i>2-6</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2-6</i> , 19 <i>50</i> , and that death occurred at <i>6:45</i> m., from the causes and on the date stated above.		23A. SIGNATURE <i>Robert C. Hartmann, M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2/6/50</i>		24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/10/50</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>		24D. LOCATION (City, town, or county) (State) <i>Greenmount Ark</i>		25. FUNERAL DIRECTOR <i>Blair & Hoffman</i>		ADDRESS <i>1639 Broadway</i>		DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8 1950</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>	
VS 150		496X0		124a							

IN SENATE
JANUARY 1, 1901
REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE

ALBANY:
J. B. LIPPINCOTT & CO.
PRINTERS
1901

RECEIVED
JANUARY 1, 1901
OFFICE OF THE ATTORNEY GENERAL
STATE OF NEW YORK

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				50 1101		Registered No. 1101	
BIRTH NO. 50 1101							
1. NAME OF DECEASED (Type or Print) <i>George R. Rodgers</i>				2. DATE OF DEATH <i>Feb. 3, 1950</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-01</i>			
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If not, give location) <i>416 N. Calmar St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1-31-01</i>		9. AGE (In years last birthday) <i>48</i>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <i>Labourer</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Spartanburg, S.C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>Thomas Rodgers</i>			14. MOTHER'S MAIDEN NAME <i>? Emma Hayes.</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>			16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO INTERVAL BETWEEN ONSET AND DEATH <i>12 hrs</i>				ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Hypertensive cardiovascular disease</i> DUE TO (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/2</i> , 19 <i>50</i> , to <i>2/3</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/3</i> , 19 <i>50</i> , and that death occurred at <i>9:20</i> a.m., from the causes and on the date stated above.							
23A. SIGNATURE <i>William W. Winterkill</i>				23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>Feb 3, 1950</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-8-1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arcturus Memorial Arcturus</i>		24D. LOCATION (City, town, or county) (State) <i>MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 8 1950</i>		REGISTRAR'S SIGNATURE <i>William W. Winterkill</i>		FUNERAL DIRECTOR <i>Mrs. Kate P. Williams</i>		ADDRESS <i>332</i>	

1. The following is a list of the names of the
persons who have been appointed to the
positions of Major and Captain in the
Medical Service of the Army, for the
year 1914.

2. The following is a list of the names of the
persons who have been appointed to the
positions of Major and Captain in the
Medical Service of the Army, for the
year 1914.

5-455
50 1102BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

443 50 1102

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA LILLIAN SELLMAN

2. DATE
OF
DEATHFeb. 7th 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

West Baltimore General Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-06

d. STREET ADDRESS (If rural, give location)

2723 Baker St.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

June 22, 1898

9. AGE (In years,
last birthday)

51

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bennett

14. MOTHER'S MAIDEN NAME

Dora Saunders

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mrs. Bertha Brown

ADDRESS

2723 Baker St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Arteriosclerotic Cardiovascular
disease

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3:45 P.M. 2/7, 1950, to 6:10 P.M. 2/7, 1950, that I last saw the
deceased alive on 2/7, 1950, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE

Katherine V. Kemp

M. D.

23b. ADDRESS

10817 Balto. Gen. Hosp.

23c. DATE SIGNED

2/7/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

2/10/50

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 8 1950

REGISTRAR'S SIGNATURE

William J. Tickner, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

M-420
50 1103
CERTIFICATE CORRECTED 2-17-50

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1103

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WILLIAM MILES

2. DATE
OF
DEATH

Feb. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3404 Dennlyn Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3404 Dennlyn Rd.

c. Length of stay in Baltimore life

Yrs.
Mos.
Days

5. SEX

male

white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

1881
March 15, (1880-)9. AGE (In years
last birthday)

69 68

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

Clothing retail store Md.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James P. Miles

14. MOTHER'S MAIDEN NAME

Elizabeth K. McFarland

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
215-01-6804

17. INFORMANT

ADDRESS

Mr. George S. Miles 315 E. North Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Myocarditis

1 1/2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Arteriosclerosis + Hypertension

3 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Jan 13th 1947 to Feb. 6th, 1950 that I last saw the
deceased alive on Feb 6th, 1950, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Kates

M. D.

23B. ADDRESS

517 2nd St

23C. DATE SIGNED

Feb. 7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 8 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

23665-9500001103

93D

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

On the _____ day of _____

at _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER H. SIEBERT

2. DATE
OF
DEATH

2-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3211 Elmora Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3211 Elmora Avenue

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct. 25, 1891

9. AGE (In years

last birthday)

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

10B. KIND OF BUSINESS OR INDUSTRY

Transit Co.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles H. Siebert

14. MOTHER'S MAIDEN NAME

Alwina Wasmuss

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

213-10-2913

17. INFORMANT

ADDRESS

Mrs. Pauline L. Siebert 3211 Elmora Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gunshot injury of chest.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

3211 Elmora Avenue

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

2-7-50

? a. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐

M.D.

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify):

Burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Pk.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 8 1950

REGISTRAR'S SIGNATURE

William J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 151

21049

50000

1104

164c

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

On this _____ day of _____ 19____

I, _____

G-625
50 1105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1105
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET GREISMAN

2. DATE
OF
DEATH

Feb. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Md.

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1802 N. Dallas Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1802 N. Dallas Street

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days5. SEX
F6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow

8. DATE OF BIRTH

Nov. 17, 1869

9. AGE (In years,
last birthday)

80

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Frederick Holland

14. MOTHER'S MAIDEN NAME

Francis Thorwood

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 1802 N. Dallas Street
Mr & Mrs Charles Yost

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1949, to Feb. 6, 1950, that I last saw the
deceased alive on Feb. 5, 1950, and that death occurred at 5 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

HENRY SANDER & SONS, INC.

VS 150

BALTIMORE - 13, MARYLAND

93D

1907

RECEIVED
JAN 10 1907

RECEIVED

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

1907

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Seibert
Mrs. Bernice Eckhardt

2. DATE
OF
DEATH Feb. 7, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
325 S. Ellwood Avenue

c. Length of stay in Baltimore

45 yrs

5. SEX

Fe.

White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 14, 1898

9. AGE (In years last birthday)

51

10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwife.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Brunswick, Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Daniel D. Seibert

14. MOTHER'S MAIDEN NAME

Nellie Long

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 325 S. Ellwood Avenue

Mr. George Eckhardt, Jr.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Peritoneal Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Rupture of Bladder

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Fall

INTERVAL BETWEEN ONSET AND DEATH

CERTIFICATION APPROVED BY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Home

325 S. Ellwood Ave.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 5, 1950

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell backward from the edge of, into bath tub.

22. I hereby certify that I attended the deceased from 2/5/1950 to 2/7/1950 that I last saw the deceased alive on 2/7/50, 19, and that death occurred at 12:02 PM from the causes and on the date stated above.

23A. SIGNATURE

Frank W. Baker, Jr.

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

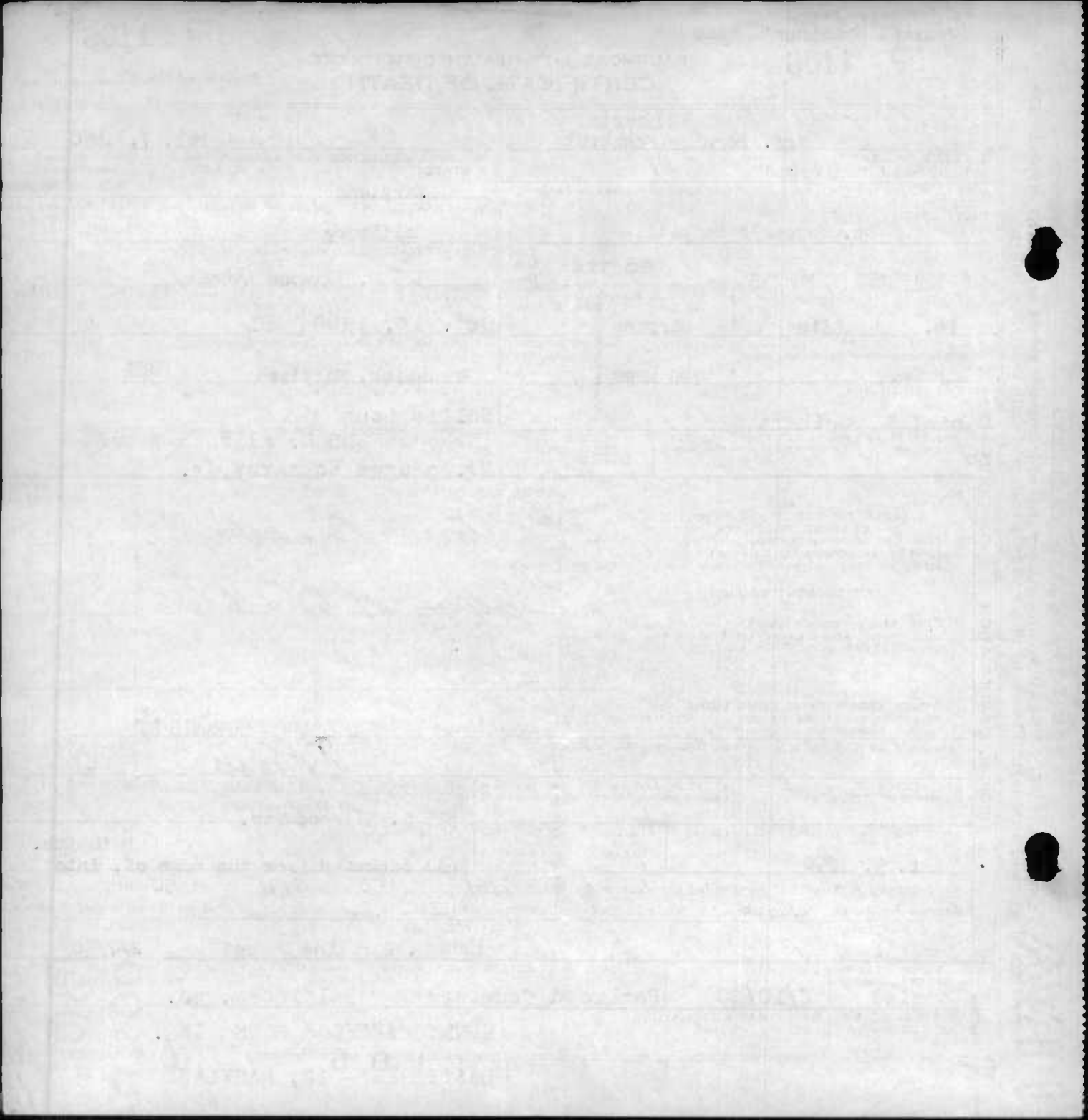
FEB 8 1950

BALTIMORE - 13, MARYLAND

186a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



G-4-56
50 1107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

4 50 1107
Registered No.
N-5602

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		WILLIAM a. GILMER	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3644 Lyndale Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	B. DATE OF BIRTH May 14, 1920 29
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Installer		10B. KIND OF BUSINESS OR INDUSTRY Western Electric	
13. FATHER'S NAME Aundrey Gilmer		14. MOTHER'S MAIDEN NAME Anna Devaney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) Yes, no or unknown		16. SOCIAL SECURITY NO. 058-12-8192	
		17. INFORMANT Mrs Doris H. Gilmer	
		ADDRESS 3644 Lyndale Ave	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Crushed chest DUE TO		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1500 Blk. Ingelside Ave. nr. Franklin- town Road	
21D. TIME (Month) (Day) (Year) (Hour) February 5, 1950 6:25 Pm.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Lost control of auto--overturned	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Carl L. Royer		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 2-6-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 9/50		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR Spring, Bgers 5005 Pk Heights	

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 8 1950

31458

170c

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G600

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1108
Registered No.

BIRTH NO.

50 1108

1. NAME OF DECEASED
(Type or Print)

Angela C. Geer

2. DATE
OF
DEATH

2-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE
B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

42

Singer Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 20-07

D. STREET ADDRESS (If rural, give location)

3336 Caton Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

Widowed, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 7/ 1910 39

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin J. Hamberry

14. MOTHER'S MAIDEN NAME

Margaret E. Ryan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Bruce W. Geer, 3336 Caton Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

Hepatic Insufficiency

DUE TO

Laquer's Cirrhosis

(B)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 mo.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

n.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Feb 7, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Ruth Bleuer

M. O.

23B. ADDRESS

Singer Hosp

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11/50 New Cathedral, 4300 Old Frederick Rd. Balto. 29, Md.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY REGISTRAR

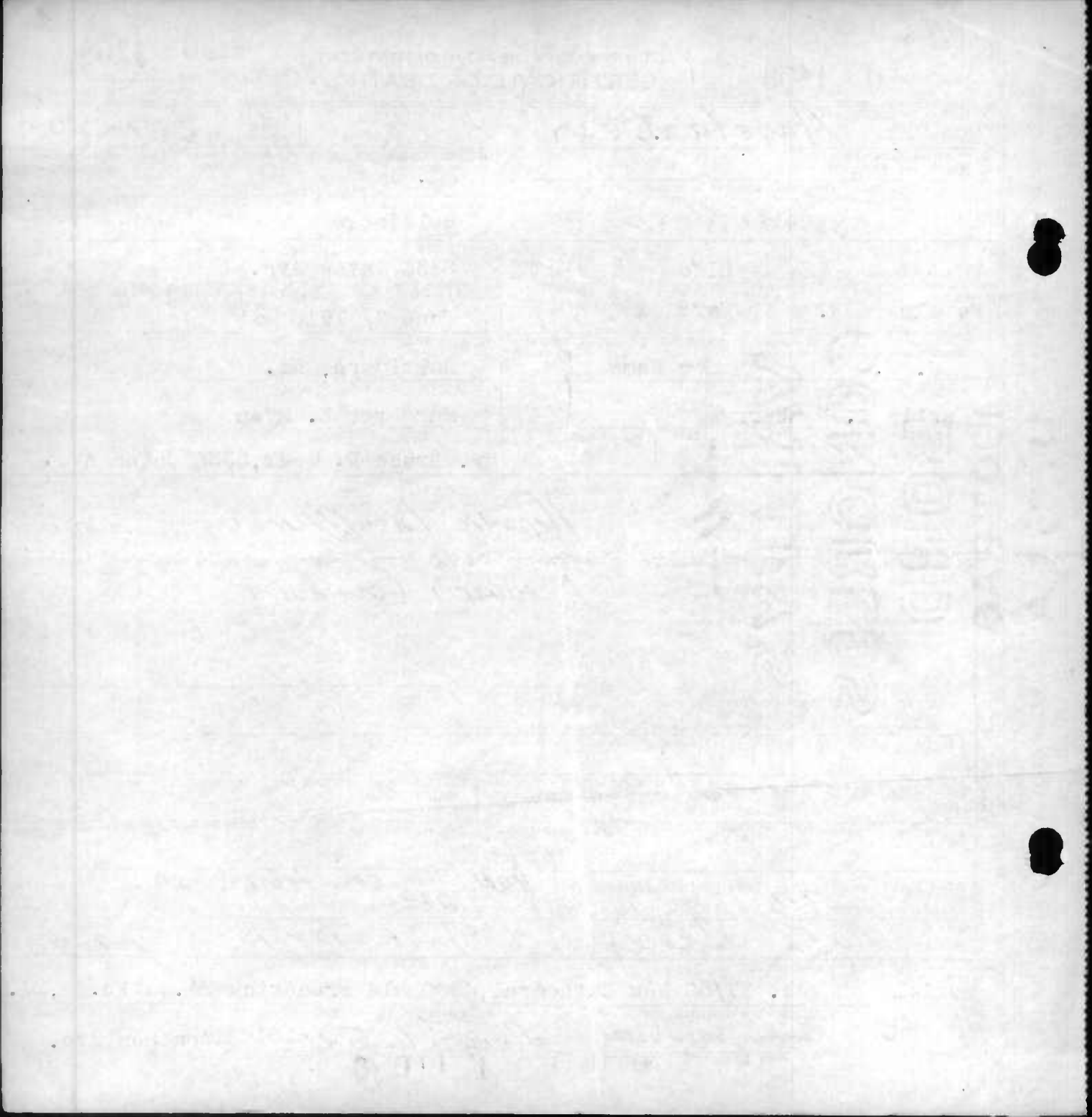
REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

Harry A. Hinkle 4101 Edmondson Ave.



S-350
50 1109

50 1109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 023

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY STELLA STEIN

2. DATE
OF
DEATH

FEB. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

214 S. VINCENT ST

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN. 28/1888

9. AGE (In years
last birthday)

61

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

PHIEFER

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS MARY HUEGELHEIER - 214 S VINCENT

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Occlusion, Acute

DUE TO

Inst.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Cardiovascular Les., - Aortic In-
sufficiency

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1949, to Feb 6, 1950, that I last saw the deceased alive on Jan 25, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathan Roensin

M. D.

23B. ADDRESS

206 S. Gilman St.

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 9 1950

24C. NAME OF CEMETERY OR CREMATORY

CORBAIN PK

24D. LOCATION (City, town, or county)

WOODLAW, MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

WILLIAM M. WILKINS

Harry N. White - 431 E. MONROE ST

30E

HVV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

61-1174-A.

STATE OF NEW YORK
CERTIFICATE OF DEATH

8011 12



B-435
50 1110
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH
50 1110
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bolton, Charles H		2. DATE OF DEATH 7 Feb 50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05	
c. Length of stay in Baltimore 54 yrs		D. STREET ADDRESS (If rural, give location) 3121 Clearview Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 27 Dec 1874
9. AGE (In years; last birthday) 75		10. Under 1 Year Months: 7 Days: 6	11. Under 24 Hours Hours: 1 Min: 11
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Builder		10B. KIND OF BUSINESS OR INDUSTRY -	
11. BIRTHPLACE (State or foreign country) W. Virginia		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Bolton, John A		14. MOTHER'S M maiden NAME Swadley, Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT Bolton, Charles		ADDRESS 3121 Clearview	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Squamous Cell Carcinoma of Esophagus DUE TO		at least 7-8 months
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterio Sclerosis Generalized DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION 7 Jan 50		19B. MAJOR FINDINGS OF OPERATION Squamous Cell Carcinoma of Esophagus		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) -		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore only, give exact location) -	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from 26 Dec 1949 to 7 Feb 1950 , that I last saw the deceased alive on 7 Feb 1950 , and that death occurred at 620 m., from the causes and on the date stated above.					
23A. SIGNATURE Dorcas C. Embury		23B. ADDRESS Church Home Hosp		23C. DATE SIGNED 7 Feb 50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 10/50		24C. NAME OF CEMETERY OR CREMATORY Landon Park	
24D. LOCATION (City, town, or county) (State) Breard Rd		25. FUNERAL DIRECTOR Harry H. Wright		ADDRESS 4101 Hammondson Ave	

DATE RECEIVED BY LOCAL REGISTRAR
FEB 8 1950

REGISTRAR'S SIGNATURE
Washington Williams

VS 150
500000110
46a

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1111BIRTH NO. 50 11111. NAME OF DECEASED
(Type or Print)

EUGENE

WOODFORD N-970.0

2. DATE
OF DEATH

February 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-3

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

2118 Brunt Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/9/30

9. AGE (In years last birthday)

19

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Albert Woodford

14. MOTHER'S MAIDEN NAME

Fannie Channey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Fannie Woodford 2118 Brunt St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Heroin Poisoning

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

public

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Briggs Ave - 20 feet from N FREMONT Ave

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb 7 1950 2A M.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Self administered Heroin.

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Carl H. Royer

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md.

(State)

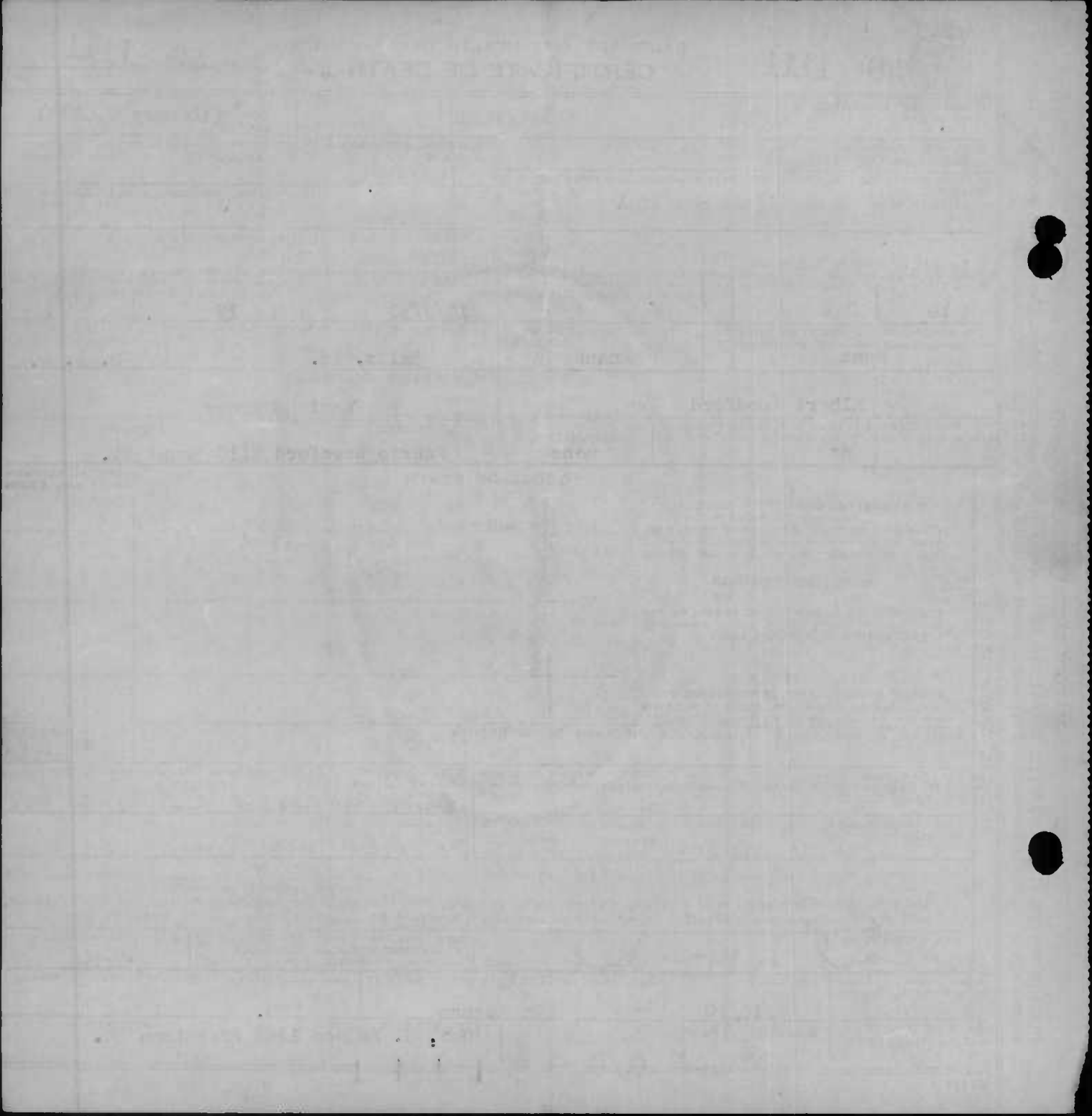
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Geo. G. Kelson 1303 Presstman St.

ADDRESS



G-120

50 1112

BALTIMORE CITY HEALTH DEPARTMENT

50 1112

CERTIFICATE OF DEATH

Registered No.

E870.5

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NORMAN

GIBBS

2. DATE
OF
DEATH

February 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION
Provident HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2145 Division Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

11/24/30

9. AGE (In years
last birthday)

19

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Helper

10B. KIND OF BUSINESS OR
INDUSTRYMFG. CHEMICALS
on truck

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Lloyd Gibbs

14. MOTHER'S MAIDEN NAME

Florence Tate

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

217-24-3887

17. INFORMANT

ADDRESS

Lloyd Gibbs 2145 Division St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Heroin Poisoning

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

public

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Alley rear of 1005 N. ARLINGTON AVE W.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb 7 1950 2 A.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Injected or Ingested Heroin (administered
Self)22. I certify that I took charge of the remains described above, held an
Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Russell S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/7/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Gustafson #110-0-110

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Kelson 1303 Presstman St.

VS 154 8

1950

98F17

179M

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

12-11-58

12-11-58

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-132022
K-520
50 1113

50 1113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 585

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August King

2. DATE
OF
DEATH

2-6-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 2-02

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1821 E. Lombard St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 19- 1861

9. AGE (In years last birthday)

88

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trash Collector

10B. KIND OF BUSINESS OR INDUSTRY

Balto City

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John King

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onknow) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT Baltimore City Hospitals

Michael King 4940 Eastern Ave. 224 N Chabel Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

(B) Acute Cholecystitis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-20-1949, to 2-6-1950, that I last saw the deceased alive on 2-6-1950, and that death occurred at 7:05 Pm., from the causes and on the date stated above.

23A. SIGNATURE

W. J. Jones M. D.

23B. ADDRESS

Baltimore City Hospitals

23C. DATE SIGNED

2-7-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 9 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery 4430 Belair Rd.

24D. LOCATION (City, town, or county)

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Jones

25. FUNERAL DIRECTOR

ADDRESS

Doppel Bros 800 E Lombard St.

FEB 8 1950

98864

127a

507-1118

50-1118

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

WASH. D.C.

APR 11 1964

TO : DIRECTOR, FBI (100-388610)
FROM : SAC, NEW YORK (100-100000) (P)
SUBJECT: [Illegible]
RE: [Illegible]
[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph memorandum or letter.]

Very truly yours,
[Illegible Signature]

Enclosure
[Illegible]

P-630

50 1114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

96 50 1114

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ronald Lee Pardoe

2. DATE
OF
DEATH

Feb 6, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 115 W. Element St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Ind

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore 23-01

D. STREET ADDRESS (If rural, give location)

115 W. Element St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 2, 1942

9. AGE (In years
last birthday)

6

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Ind.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William H. Pardoe

14. MOTHER'S MAIDEN NAME

Anne E. Meyers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William H. Pardoe 115 W. Element St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cohn's Tumor (Neurogenic
tumor mandible)

18 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12 April 1949

19B. MAJOR FINDINGS OF OPERATION

Tumor mandible

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 October, 1948 to 6 Feb, 1950, that I last saw the deceased alive on 4 Feb, 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Arthur S. Swinski

23B. ADDRESS

214 Medical Arts Bldg

23C. DATE SIGNED

7 Feb 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

M. H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

My. Mrs. John H. Templeton 5311 Edmondson Ave.

FEB 8 1950

VS 150

450

Ave.

P-200

50 1115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1115

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. William Pease

2. DATE
OF
DEATH

2-7-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

18-93

D. STREET ADDRESS (If rural, give location)

1206 W. Lombard

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

11-12-77

9. AGE (In years
last birthday)

72

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mgr of Book Store Crippens Book Store

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Pease

14. MOTHER'S MAIDEN NAME

Helen Day

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-01-6084

17. INFORMANT

ADDRESS

Hazel Pease, 1206 W. Lombard

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Glomerulo Nephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb. 2, 1950, to Feb. 7, 1950, that I last saw the
deceased alive on Feb. 7, 1950, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

C. J. Castiglano

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

2-7-50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

T. J. Williams, M.D.

T. J. Williams, M.D.

1913 N. Baltimore

VS 150

29878

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH

50



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Correct age is especially important. Physicians: please write the causes of death clearly and briefly.

C-612		50 1116		BALTIMORE CITY HEALTH DEPARTMENT		43		50 1116	
BIRTH NO.				CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH					
MARY E. CARBIS				Feb 6, 1950					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)					
B. FULL NAME OF HOSPITAL OR INSTITUTION				A. STATE				B. COUNTY	
2817 Miles Ave				Maryland				Baltimore	
C. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location)					
Life				2817 Miles Ave					
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	10. Under 1 Year	11. Under 24 Hours	12. Under 24 Hours	13. Under 24 Hours	14. Under 24 Hours
Female	White	Married	Sept 7, 1894	55					
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)	
Homemaker								Maryland	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				12. CITIZEN OF WHAT COUNTRY?	
None Free				Ellen Reed				U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)				16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS	
								Walter Free - 3317 Beech Ave	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES				Cerebral Vascular Accident (Hemorrhage)				Feb 3/50	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				Hypertensive				5 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				Cardiovascular Disease					
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from February 3, 1950, to February 6, 1950, that I last saw the deceased alive on February 6, 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.									
23A. SIGNATURE				23B. ADDRESS				23C. DATE SIGNED	
Jenney Wallenston				848 W 36th St				2/6/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)				24B. DATE				24C. NAME OF CEMETERY OR CREMATORY	
Burial				Feb 10, 1950				Parkwood	
24D. LOCATION (City, town or county) (State)				25. FUNERAL DIRECTOR ADDRESS					
Taylor Ave Md.				Trustin Cronovau				3818 Roland	
DATE RECEIVED BY LOCAL REGISTRAR				REGISTRAR'S SIGNATURE					
FEB 8 1950				J. H. Williams, M.D.					
500001116				93D					

311-08

11

RECEIVED
JAN 11 1968
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION



AB-134526/2
50 1117

50 1117

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles Henry Carbis

2. DATE
OF
DEATH

2-6-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

12-07

D. STREET ADDRESS (If rural, give location)

2817 Miles Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 22-1895

9. AGE (In years
last birthday)

55

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

WATER METER READER

10B. KIND OF BUSINESS OR
INDUSTRY

CITY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles

14. MOTHER'S MAIDEN NAME

Ellen McDonald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Rheumatic Heart Disease with

DUE TO Aortic Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) _____
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28-_____, 1949 to 2-6-_____, 1950, that I last saw the
deceased alive on 2-6-_____, 1950, and that death occurred at 8.10PM, from the causes and on the date stated above.

23A. SIGNATURE

R. L. Carbis

M. D.

23B. ADDRESS

Baltimore City Hospitals

23C. DATE SIGNED

2-7-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

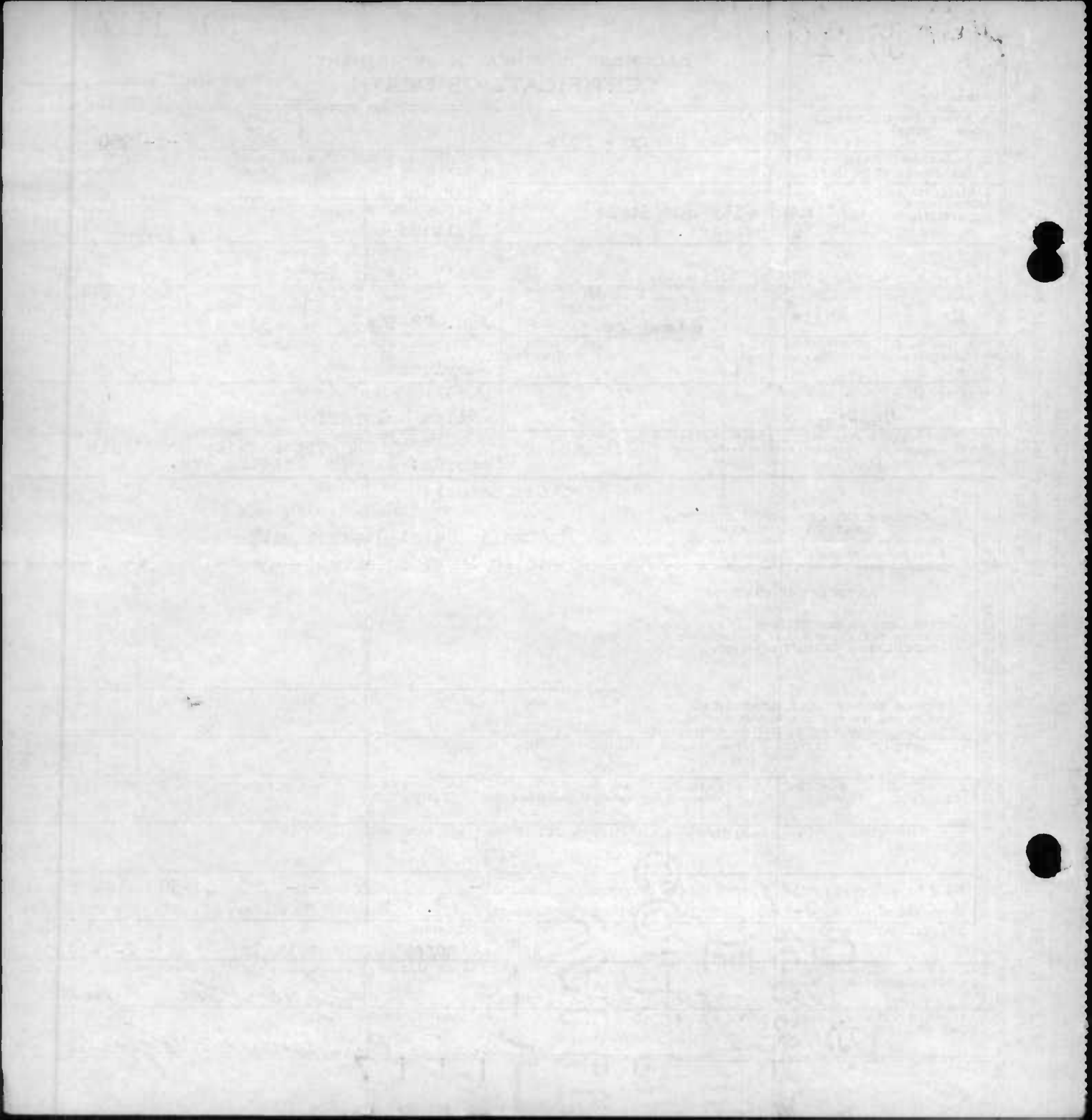
25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950
26698

50001117

92c



N-560
50 1118BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 17450 1118
Registered No.

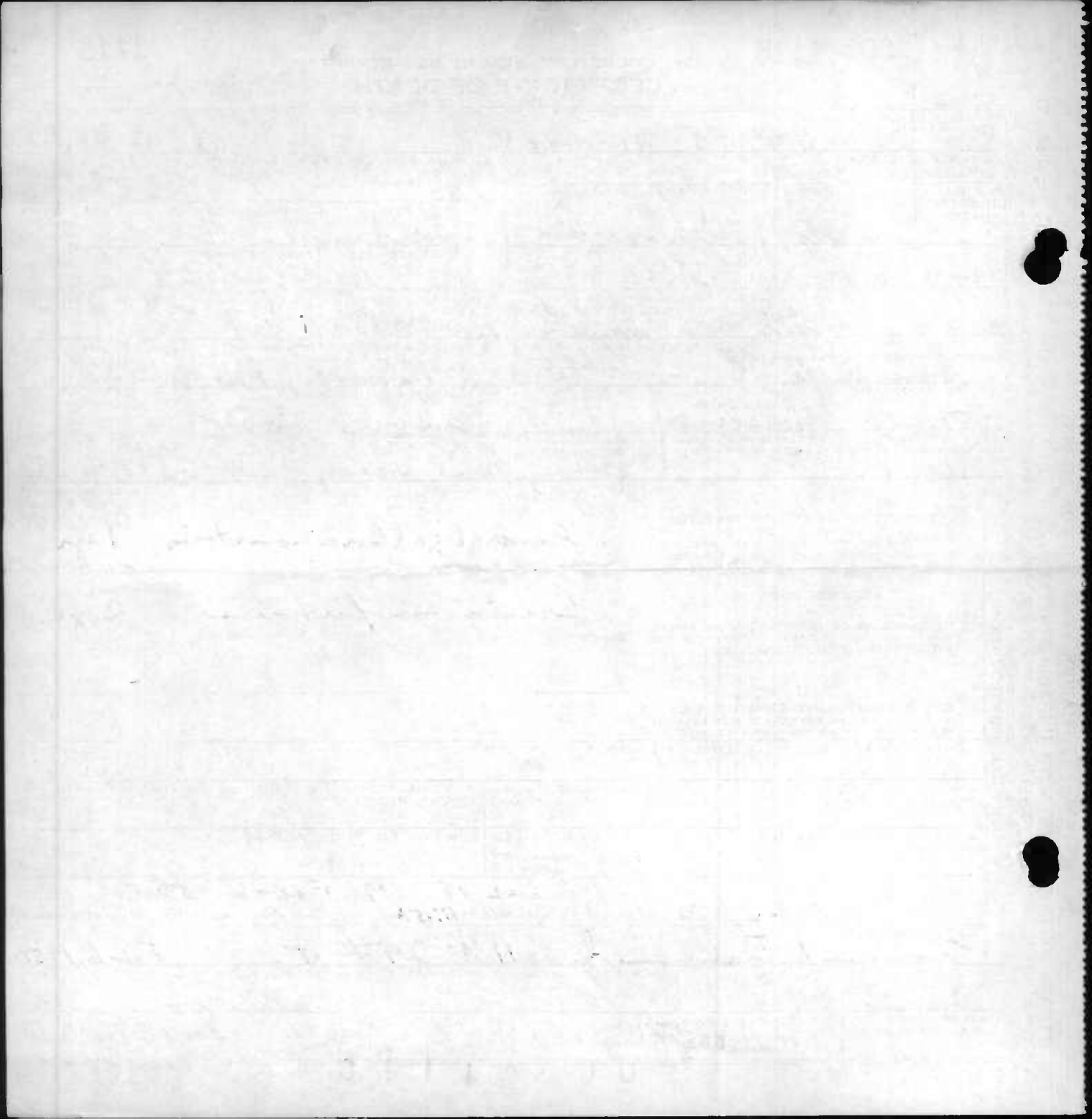
BIRTH NO.		1. NAME OF DECEASED (Type or Print) BARBARA J. NIEMYER		2. DATE OF DEATH Feb. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY 26-44			
B. FULL NAME OF HOSPITAL OR INSTITUTION 637 N. Highland Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 637 N. Highland Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 19, 1885	9. AGE (In years last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md	
13. FATHER'S NAME Frank Hartman		12. CITIZEN OF WHAT COUNTRY? USA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Mrs Harry Daub 637 N. Highland	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Generalized Carcinomatosis DUE TO		1 yr.	
		(B) Carcinoma of uterus DUE TO		2 yr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 15, 1949 , to Feb 6, 1950 , that I last saw the deceased alive on Feb 6, 1950 , and that death occurred at 11:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Thomas R. Freeman, M.D.		23B. ADDRESS 11 W. 29th St.		23C. DATE SIGNED Feb 6, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 9/50		24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR John A. Moran		24F. ADDRESS 3000 E. Balto St. Balto 24, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Stimington Williams, M.D.		FEB 8 1950	

FEB 8 1950

105000

1118

48B



B-420
50 1119BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Joseph E. Bilz

2. DATE
OF
DEATH

2-7-50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

27-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2904 Ailco Ave.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

8-24-85

9. AGE (In years last birthday)

64.

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Brass Molder

10B. KIND OF BUSINESS OR INDUSTRY

Coast Guard

11. BIRTHPLACE (State or foreign country)

Baltimore - Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph E. Bilz

14. MOTHER'S MAIDEN NAME

Barbara Baier

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

If yes, give war or dates of service

16. SOCIAL SECURITY NO.

820-05-9219

17. INFORMANT

ADDRESS

Mrs. Mary C. Bilz - 2904 Ailco Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Occlusion - Cardiac Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Coronary Heart Disease

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7-1950 to 2-7-1950 that I last saw the deceased alive on 2-7-1950, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

e. J. Cartellaw

M. D.

23B. ADDRESS

Bon Secours.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-11-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. J. Luck

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck 5305 Hayford

FEB 8 1950

VS 150

33897

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Occupation		7. Cause of Death		8. Signature of Physician	
9. Name of Informant		10. Relationship to Deceased		11. Date of Report		12. Signature of Informant	
13. Name of Registrar		14. Signature of Registrar		15. Date of Registration		16. Signature of Registrar	

S-120
50

1120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH050 1120
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elvere R.D. Sipes

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1922 Eytaw Place

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
B. COUNTY

BALTIMORE

14-03

D. STREET ADDRESS (If rural, give location)

1922 EUTAW PLACE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 16, 1916

9. AGE (In years
last birthday)

33

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CARROLL MIDDLETON

14. MOTHER'S MAIDEN NAME

ANNA ANDREE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CLARENCE-E. SIPES - 1922 EUTAW PLACE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Subacute Bacterial
Endocarditis

1 yr.?

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dementia Praecox

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 8, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 9/50

24C. NAME OF CEMETERY OR CREMATORY

Huntington

24D. LOCATION (City, town, or county)

Pikesville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

VS 151

MARGIN RESERVED FOR BINDING
PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF NEW YORK
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Health Officer

Signature of Mayor

Signature of Governor

Signature of President

Signature of Vice President

Signature of Speaker of Assembly

Signature of President of Senate

Signature of Chief Justice

Signature of Attorney General

Signature of Comptroller

Signature of Treasurer

Signature of Secretary of State

Signature of Commissioner of Education

Signature of Commissioner of Labor

Signature of Commissioner of Agriculture

Signature of Commissioner of Fish and Game

Signature of Commissioner of Conservation

Signature of Commissioner of Mental Hygiene

Signature of Commissioner of Social Services

Signature of Commissioner of Health

Signature of Commissioner of Hospitals

Signature of Commissioner of Prisons

Signature of Commissioner of Public Safety

Signature of Commissioner of Transportation

Signature of Commissioner of Labor Relations

Signature of Commissioner of Labor Education

Signature of Commissioner of Labor Training

Signature of Commissioner of Labor Research

Signature of Commissioner of Labor Statistics

Signature of Commissioner of Labor History

Signature of Commissioner of Labor Art

Signature of Commissioner of Labor Literature

Signature of Commissioner of Labor Music

M-245
50 1121BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1121
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hesley McCallum

2. DATE
OF
DEATH

FEB 7 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

Fayetteville
1506 J. Murchison Rd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4-15-79

9. AGE (In years

last birthday)

70 71

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pensioner

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wesley M. C. Callum

14. MOTHER'S MAIDEN NAME

Malinda M. C. Callum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Intestinal Obstruction - fecal

8 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Fistula -

(C)

Carcinoma rectum - extensive metastases

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/3/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma inoperable - adhesions splenic

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12-30-1949, to 2-6-1950, that I last saw the deceased alive on 1-6-1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Jesse E. Haney

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-8-50

24C. NAME OF CEMETERY OR CREMATORY

FAYETTEVILLE N.C.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph L. Rock, 1304

FEB 8 1950

467

M. Central

Manuscript of the
History of the
University of Chicago
by
The Trustees of the University of Chicago
1890-1900

Manuscript of the
History of the
University of Chicago
by
The Trustees of the University of Chicago
1890-1900

Manuscript of the
History of the
University of Chicago
by
The Trustees of the University of Chicago
1890-1900

A-420 1122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1122

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HAROLD

W.

~~ALISS~~

ALLIS.

2. DATE
OF
DEATH

February 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2135 Wilkens Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2135 Wilkens Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced.

8. DATE OF BIRTH

DEC. 8-1894

9. AGE (In years
last birthday)

55yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR
INDUSTRY

Westinghouse

11. BIRTHPLACE (State or foreign country)

Springfield - Mass.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Allis

14. MOTHER'S MAIDEN NAME

Fannie Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

None

16. SOCIAL
SECURITY NO.

026-10-7081

17. INFORMANT

ADDRESS

Kenneth H. Allis - Springfield - 4. Mass

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
NOT WHILE
WHILE AT WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. J. Schwalb

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

FEB. 9-1950

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem.

24D. LOCATION (City, town, or county)

Baltimore - Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

C. J. Schwalb

25. FUNERAL DIRECTOR

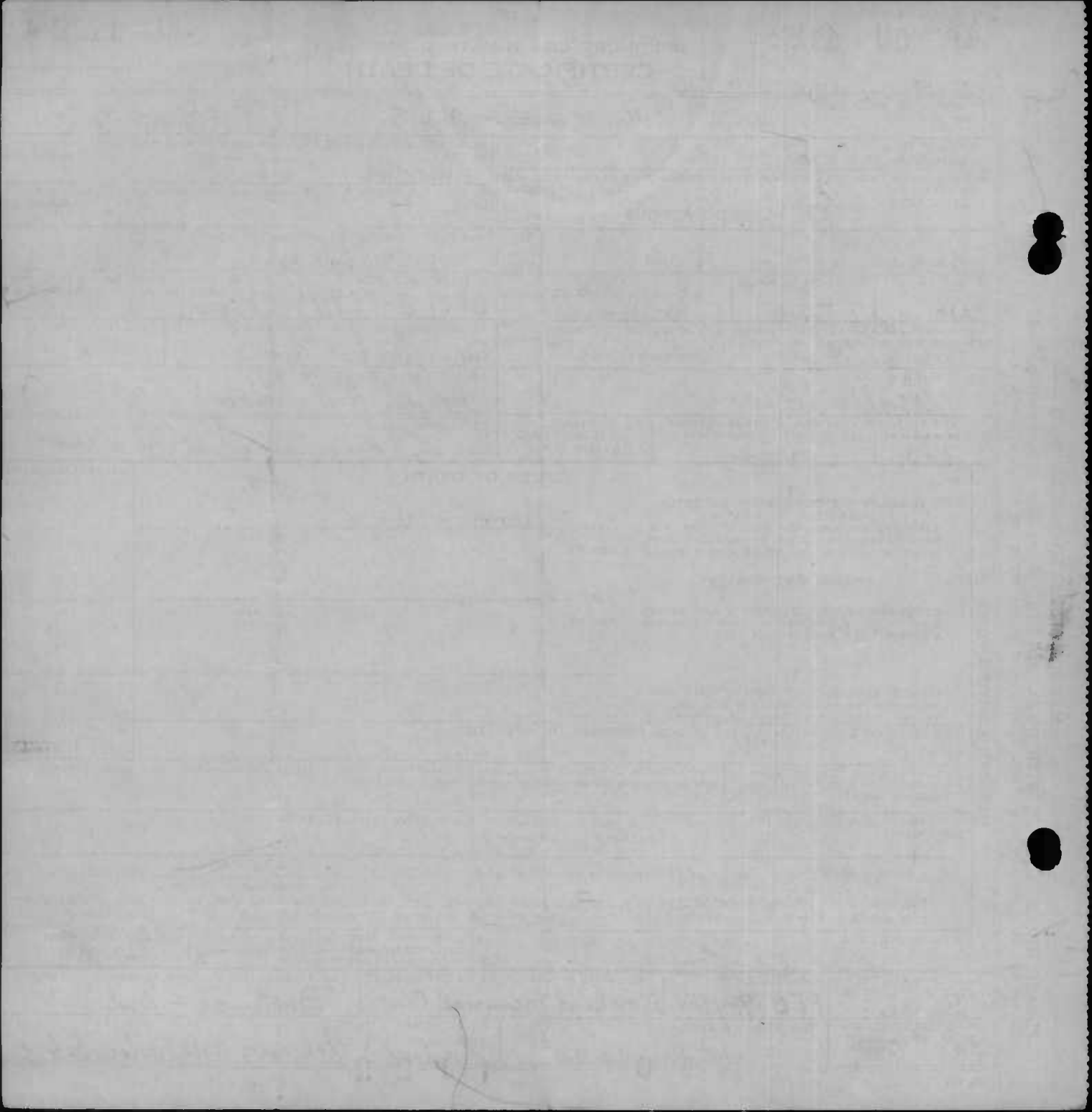
ADDRESS

Charles J. Schwalb, - 3512 Frederick Ave.

VS 151

32635

94a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-524

50 1123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1123

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS JOS. FINGLES

2. DATE
OF
DEATH

2/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Paul Conv. Home

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

1863

9. AGE (In years,
last birthday)

87

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self-employed

10B. KIND OF BUSINESS OR
INDUSTRY

Brokerage

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Patrick Fingles

14. MOTHER'S MAIDEN NAME

(?)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ed. Bowie 1812 Guilford Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

CORONARY OCCLUSION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROTIC HEART DISEASE

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DIABETES MELLITUS
BRONCHITIS

5 YRS

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-2-1950, to 2-5-1950, that I last saw the
deceased alive on 2-5-1950, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert B. Tunney

M. D.

23B. ADDRESS

920 So Paul St

23C. DATE SIGNED

2-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/9/50

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's Goyans

24D. LOCATION (City, town, or county)

City

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunney, R. B.

25. FUNERAL DIRECTOR

WIEDEFELD AND SON

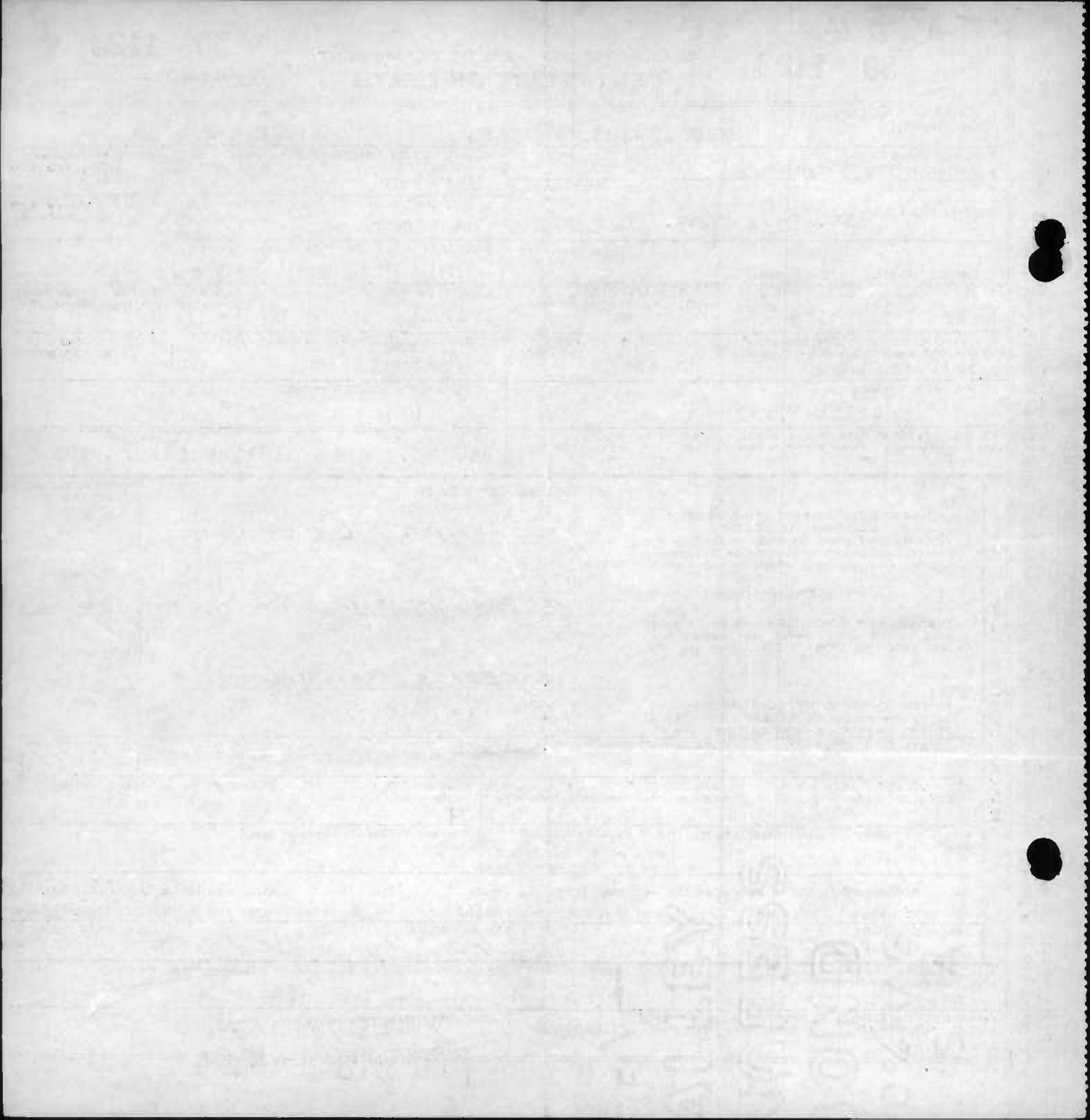
ADDRESS

GREENMOUNT AVE. & 22nd ST.

VS 150

1568V 1500001123

61



R-525
50 1124BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1124

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA BROOKS RANKIN

2. DATE
OF
DEATH

FEB. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2710 GUILFORD AVE.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

12-03

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2710 GUILFORD AVE.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JAN. 25, 1861

9. AGE (In years
last birthday)

89

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

WILLIAM BROOKS

14. MOTHER'S MAIDEN NAME

ACHSAH LITSINGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. MARY R. KELLEY SAME

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia

DUE TO

48 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Myocarditis

8 weeks

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 12 1949 to Feb 6, 1950 that I last saw the
deceased alive on Feb 6, 1950, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard F. Kipper M. D.

23B. ADDRESS

5220 Springlake Way

23C. DATE SIGNED

Feb 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-9-1950

24C. NAME OF CEMETERY OR CREMATORY

CHESNUT GROVE

24D. LOCATION (City, town, or county)

SWEET AIR

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 8 1950

H. W. Jenkins & Sons Co.

H. W. JENKINS & SONS CO. 4905 York Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1125
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Theresa Elizabeth Minnick

2. DATE
OF
DEATH 2-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

City

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION Nursing Home (St. Paul)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-08

10 2305 St. Paul Street

D. STREET ADDRESS (If rural, give location)

1917 Greenmount Avenue

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 3rd, 1877

9. AGE (In years
last birthday) 72
II 4
H Under 1 Year Months: Days
H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Retired Operator

10B. KIND OF BUSINESS OR
INDUSTRY
Clothing Mfg.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Joseph Henry Minnick

14. MOTHER'S MAIDEN NAME

Margaret Jane O'Brien

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Helen M. Hoddinott-1917 Greenmount Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) PARKINSON'S DISEASE

5 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

SCOLIOSIS OF THE CERVICAL VERTEBRAE

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from June 1949, to Feb. 6, 1950, that I last saw the
deceased alive on Feb. 5, 1950, and that death occurred at 1:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2431 MARYLAND AVENUE

2/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2-9-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

Belair Road, Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc. - 1735 Harford Avenue

8 1950

VS 150

49606

Washington Williams, MD
COOK.

1125

87c

W-160
50 1126BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1126
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDONNA MAY WEVER

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2654 Laurretta Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2654 Laurretta Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX:

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 7, 1887

9. AGE (In years
last birthday) Months: Days

62

11 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Sparrow

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. William H. Wever 2654 Laurretta Av.

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 6, 1950, to Feb 7, 1950, that I last saw the
deceased alive on Feb 8, 1950, and that death occurred at 8:30 Am., from the causes and on the date stated above.

23A. SIGNATURE

L. A. Lally M.D.

M. D.

23B. ADDRESS

3517 Edmondson Ave

23C. DATE SIGNED

Feb 8 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Cem.

24D. LOCATION (City, town, or county)

Anne Arundel Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Wever

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

UNITED STATES DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

AGE

SEX

EDUCATION

RELIGION

ETHNICITY

PROFESSION

STATUS

CAUSE OF DEATH

IMMEDIATE

INTERMEDIATE

UNDERLYING

COMPLICATIONS

PRE-EXISTING

ACQUIRED

CHRONIC

ACUTE

INFECTIOUS

NON-INFECTIOUS

TRAUMATIC

TOXIC

OTHER

UNKNOWN

DIAGNOSIS

TESTS

TREATMENT

PROGNOSIS

OUTCOME

REMARKS

SIGNATURE

DATE

TIME

LOCATION

WITNESSES

PHYSICIAN

NURSE

CHAPLAIN

CLERGY

OTHER

REMARKS

SIGNATURE

DATE

TIME

LOCATION

WITNESSES

PHYSICIAN

NURSE

CHAPLAIN

CLERGY

OTHER

REMARKS

F-432

50 1127

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET

AGNES

FIELDS

N-805

2. DATE
OF
DEATH

2-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3211 Avon Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 4, 1882

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Phila., Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Myers

14. MOTHER'S MAIDEN NAME

Margaret Lynch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
no

17. INFORMANT

Mr. William J. Fields

ADDRESS

Ithaca, N. Y.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Abdominal Evulsion

DUE TO

Fracture dislocation spine at
D12

(B)

DUE TO

Multiple contusions + lacerations
of face & head.

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

public

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Loch Raven Blvd. & Woodburn Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2-7-50 APPROX: 12:15 p.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto. & Truck collision

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

A. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
2-7-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

1127

170c

CERTIFICATE OF DEATH



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Miss Lyda L Gladden 331

2. DATE
OF
DEATH

2/7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Md

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Balto

27-11

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

4900 Crowson Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

?

9. AGE (In years last birthday)

50?

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk B+O RR.

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Batto. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry L. Gladden

14. MOTHER'S MAIDEN NAME

Molly Logue

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Brother

25 Above

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebrovascular Accident

6 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension

5 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 2/1, 1950, to 2/7, 1950, that I last saw the deceased alive on 2/7, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret L. Sheppard

M. D.

23B. ADDRESS

Murray Obispo

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-50

24C. NAME OF CEMETERY OR CREMATORY

Reisterstown Methodist

24D. LOCATION (City, town, or county)

Reisterstown

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Berryman & Sons Reisterstown, Md.

ADDRESS

FEB 8 1950 266 49 500001120

83a

RECEIVED BY THE U.S. DEPT. OF COMMERCE
BUREAU OF CUSTOMS AND BORDER PROTECTION

U.S. DEPT. OF COMMERCE
BUREAU OF CUSTOMS AND BORDER PROTECTION
WASHINGTON, D.C. 20549

U.S. DEPT. OF COMMERCE
BUREAU OF CUSTOMS AND BORDER PROTECTION

U.S. DEPT. OF COMMERCE
BUREAU OF CUSTOMS AND BORDER PROTECTION
WASHINGTON, D.C. 20549

U.S. DEPT. OF COMMERCE
BUREAU OF CUSTOMS AND BORDER PROTECTION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1129 S-500		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 151		50 1129 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Mr. Denis Brian Sweeney				2. DATE OF DEATH Feb. 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 1621 McHenry Street	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 19-04	
c. Length of stay in Baltimore Yrs. Mos. Days				8. DATE OF BIRTH June 24, 1871	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	9. AGE (In years last birthday) 78		11. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer		10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Bryan Sweeney			14. MOTHER'S MAIDEN NAME Honorah Dougherty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John Sweeney 507E. 41 St	
18. CAUSE OF DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Metastatic Carcinoma DUE TO					
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Carcinoma of stomach DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Carcinoma of stomach					
19A. DATE OF OPERATION Feb. 3, 1950		19B. MAJOR FINDINGS OF OPERATION Carcinoma of the fundus of the stomach		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-21-50 , 19 50 , to 2-7- , 19 50 , that I last saw the deceased alive on 2-7- , 19 50 , and that death occurred at 2:15 PM from the causes and on the date stated above.					
23A. SIGNATURE James P. O'Hare		23B. ADDRESS 1400 N. Caroline Street		23C. DATE SIGNED 2/7/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-11-50		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR ADDRESS George A. Farley Fulton Ave & Fayette St.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 1950		REGISTRAR'S SIGNATURE Wm. J. Williams		25. FUNERAL DIRECTOR ADDRESS George A. Farley Fulton Ave & Fayette St.	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Registrar	
10. Signature of Medical Officer		11. Signature of Coroner		12. Signature of Police Officer	
13. Signature of Burial Officer		14. Signature of Undertaker		15. Signature of Witness	
16. Signature of Family Member		17. Signature of Friend		18. Signature of Neighbor	
19. Signature of Clergyman		20. Signature of Minister		21. Signature of Priest	
22. Signature of Rabbi		23. Signature of Imam		24. Signature of Other	
25. Signature of Other		26. Signature of Other		27. Signature of Other	
28. Signature of Other		29. Signature of Other		30. Signature of Other	
31. Signature of Other		32. Signature of Other		33. Signature of Other	
34. Signature of Other		35. Signature of Other		36. Signature of Other	
37. Signature of Other		38. Signature of Other		39. Signature of Other	
40. Signature of Other		41. Signature of Other		42. Signature of Other	
43. Signature of Other		44. Signature of Other		45. Signature of Other	
46. Signature of Other		47. Signature of Other		48. Signature of Other	
49. Signature of Other		50. Signature of Other		51. Signature of Other	
52. Signature of Other		53. Signature of Other		54. Signature of Other	
55. Signature of Other		56. Signature of Other		57. Signature of Other	
58. Signature of Other		59. Signature of Other		60. Signature of Other	
61. Signature of Other		62. Signature of Other		63. Signature of Other	
64. Signature of Other		65. Signature of Other		66. Signature of Other	
67. Signature of Other		68. Signature of Other		69. Signature of Other	
70. Signature of Other		71. Signature of Other		72. Signature of Other	
73. Signature of Other		74. Signature of Other		75. Signature of Other	
76. Signature of Other		77. Signature of Other		78. Signature of Other	
79. Signature of Other		80. Signature of Other		81. Signature of Other	
82. Signature of Other		83. Signature of Other		84. Signature of Other	
85. Signature of Other		86. Signature of Other		87. Signature of Other	
88. Signature of Other		89. Signature of Other		90. Signature of Other	
91. Signature of Other		92. Signature of Other		93. Signature of Other	
94. Signature of Other		95. Signature of Other		96. Signature of Other	
97. Signature of Other		98. Signature of Other		99. Signature of Other	
100. Signature of Other		101. Signature of Other		102. Signature of Other	



K-626

50 1130

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1130
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) THEODORA KARAGEORGE		2. DATE OF DEATH Feb. 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2914 E. Balto. St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01			
c. Length of stay in Baltimore 23 years		D. STREET ADDRESS (If rural, give location) 2914 E. Balto. St.			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ?	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Greece	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Theodora Nicholas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT ADDRESS Tony Karageorge 2914 E. Balto. St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardiac Failure		CAUSE OF DEATH (A) Cardiac Failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Bronchitis, General		(B) Chronic Bronchitis, General DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1949 to Feb 7, 1950 , that I last saw the deceased alive on Feb 2, 1950 , and that death occurred at 7:30 AM from the causes and on the date stated above.					
23A. SIGNATURE John A. Williams		23B. ADDRESS 3534 Edmonson Rd		23C. DATE SIGNED 2/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 9, 1950		24C. NAME OF CEMETERY OR CREMATORY Evangelical Cem.	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. FUNERAL DIRECTOR John A. Moran		24F. ADDRESS 3000 E. Balto St	
DATE RECEIVED BY LOCAL REGISTRAR FEB 8 1950		REGISTRAR'S SIGNATURE John A. Williams		ADDRESS Balto Md	

1912

STATE OF NEW YORK

1912

CERTIFICATE OF DEATH

1912



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Edward Jenkins*2. DATE
OF
DEATH*Feb. 7, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Baltimore*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*70 Home for the Aged*

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

1200 Valley St

5. SEX

M.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W.*

8. DATE OF BIRTH

*Sept 29, 1888*9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Jenkins

14. MOTHER'S MAIDEN NAME

*Mary Enders*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT *Like Jenkins* ADDRESS
Little Suites of the Park

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Edema Lungs**2 days*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Chronic Myocarditis**5 yrs*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 1 -*, 1950, to *Feb - 7*, 1950, that I last saw the
deceased alive on *Feb 6 -*, 1950, and that death occurred at *3:30 A. M.*, from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall MD

M. D.

23B. ADDRESS

1631 E. North Ave.

23C. DATE SIGNED

*Feb 8 - 1950*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

Feb 9 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

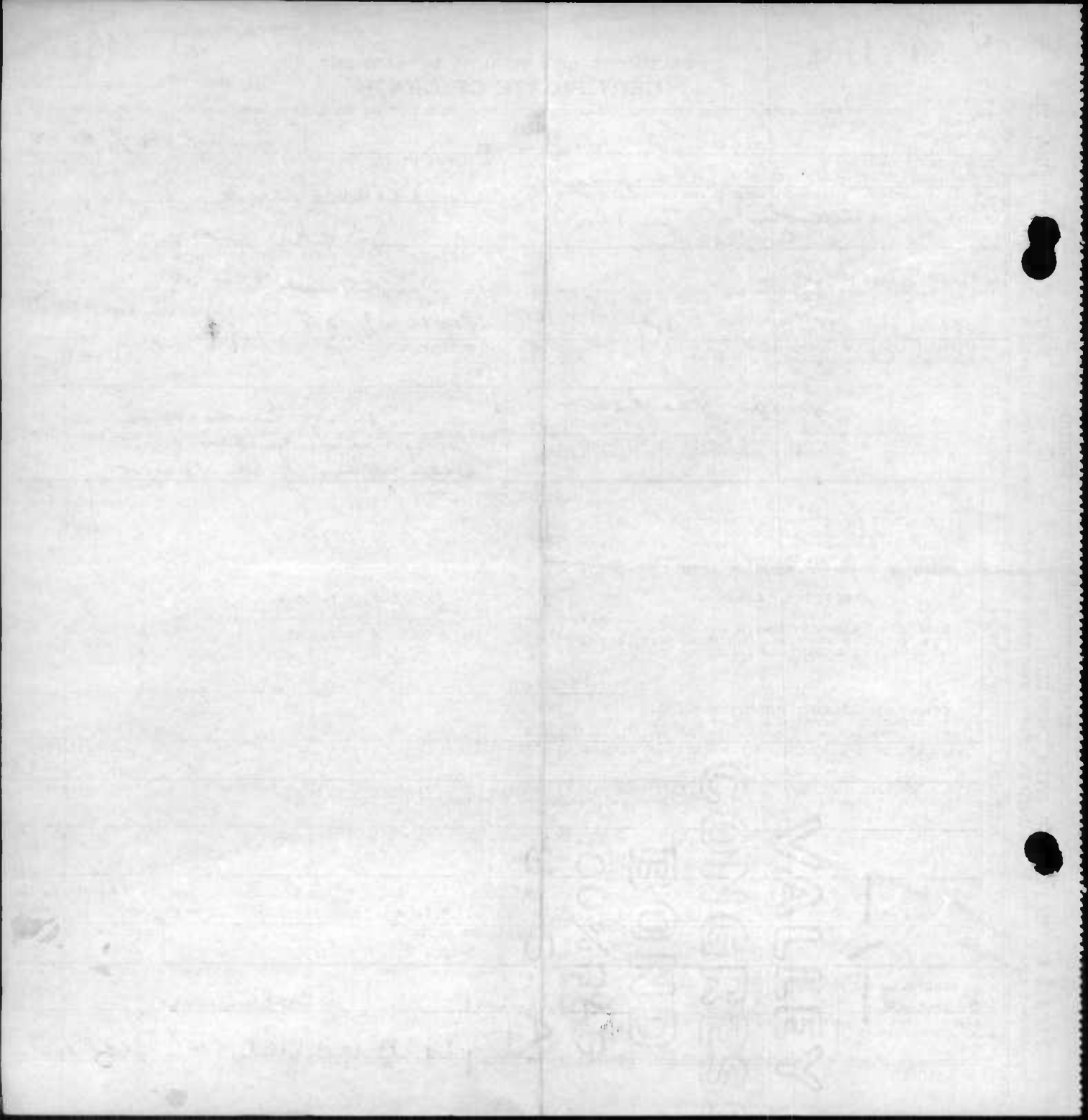
Wm. J. Hall

25. FUNERAL DIRECTOR

ADDRESS

*B. J. Hall 1000 E. Beadle St**93D*

FEB 8 1950



PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **442 50 1132**

BIRTH NO. **50 1132**

1. NAME OF DECEASED
(Type or Print) **LORETTA MARIE KELLY**

2. DATE OF DEATH **2-7-50**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **MARYLAND** B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
3904 STRATHMORE, AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 27-20

c. Length of stay in Baltimore
Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)
3904 STRATHMORE AVE.

5. SEX **F**

6. COLOR OR RACE **W**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

8. DATE OF BIRTH **2-13-1899**

9. AGE (In years last birthday) **50**

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
clerk

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
PIKESVILLE, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

ANNIE SAPP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
217-05-6997

17. INFORMANT ADDRESS
ANNIE KEHOE, 3904 STRATHMORE

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio. renal disease 2 yrs**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

DUE TO

(C)

Hypertension - Apoplexy - stroke 1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **post**, 19 **3 yrs**, to **1950**, that I last saw the deceased alive on **Jan. 6**, 19 **1950** and that death occurred at **102** m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

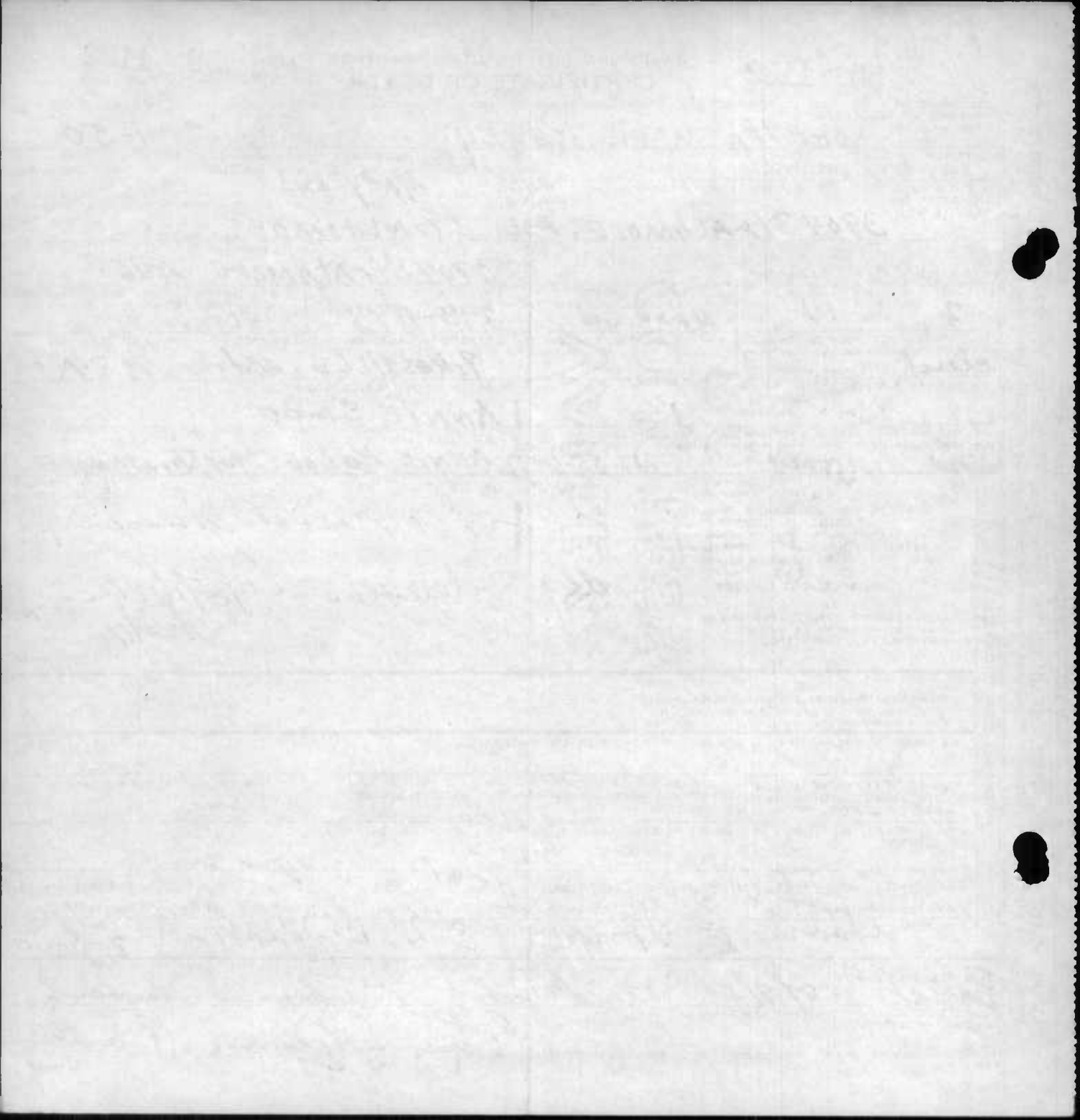
B 8 1950

VS 150

26699

131a

2nd.



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1133 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SUZANNE HALEY GARLAND

2. DATE OF DEATH

FEB. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

2

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fiske (rural)

D. STREET ADDRESS (If rural, give location)

516 Middle River Road

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

1-27-47

9. AGE (In years last birthday)

3

11. BIRTHPLACE (State or foreign country)

Tennessee

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Hardy Douglas Garland

14. MOTHER'S MAIDEN NAME

Louise Haley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Parents 516 Middle River Rd.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Subacute glomerulonephritis

INTERVAL BETWEEN ONSET AND DEATH

2 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1948 to Feb 8, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Norme S. Loring

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2-9-50

24C. NAME OF CEMETERY OR CREMATORY

Emporium, Penna

24D. LOCATION (City, town, or county)

Salto, 21, Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

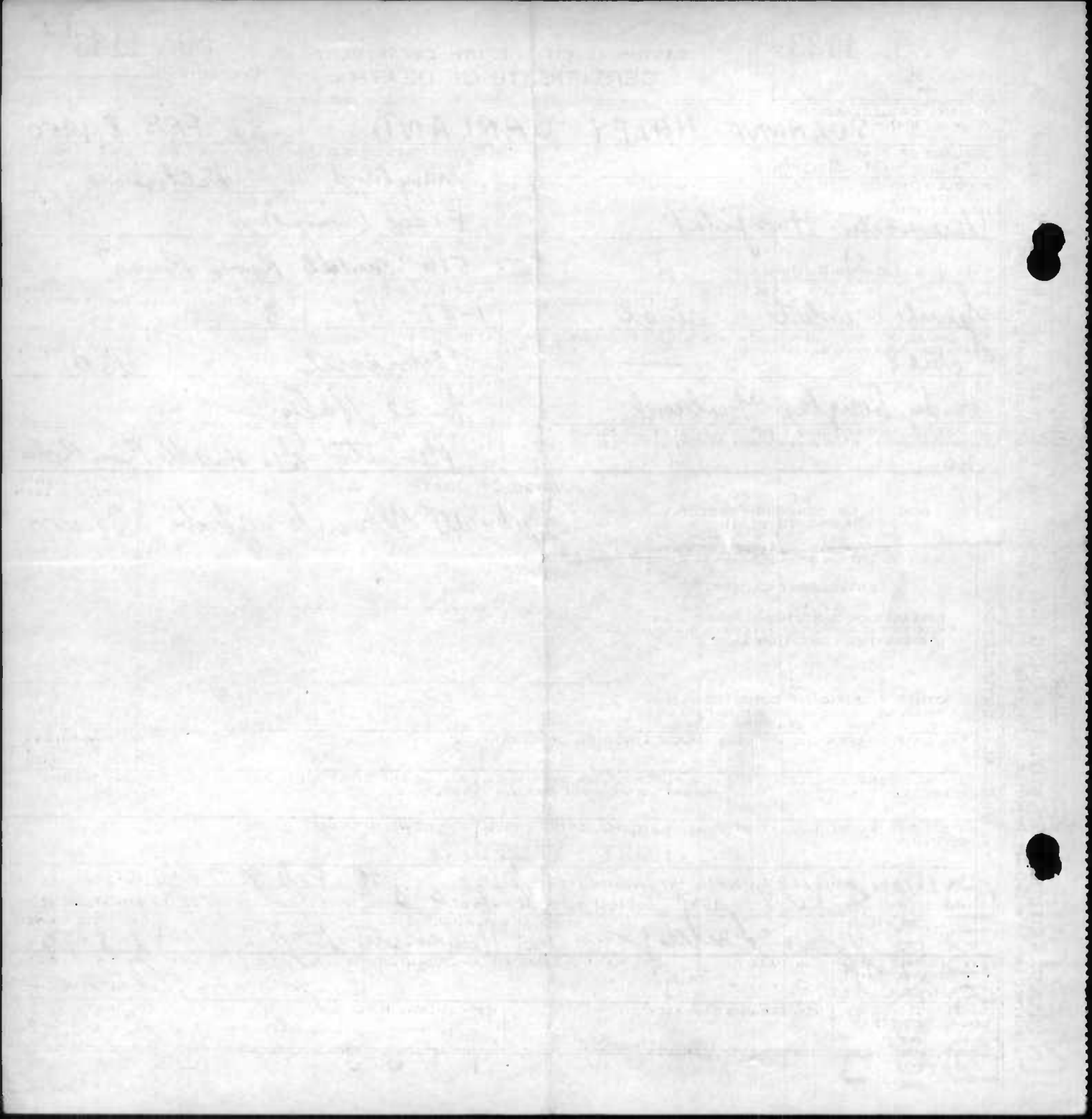
William M. Williams

25. FUNERAL DIRECTOR

John G. Connolly - 418 Eastern Ave

ADDRESS

Salto, 21, Md



50 1134

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 1134
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louise Borovy

2. DATE
OF
DEATH

Feb. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

223 N. Duncan St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

223 N. Duncan St.

C. Length of stay in Baltimore

35 Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 19, 1869

9. AGE (In years
last birthday)

80

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At home

13. FATHER'S NAME

Alous Wersalch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

None

17. INFORMANT.

Bessie Richards

ADDRESS 616

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular disease

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2+6-50

1/1/48

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Feb 6, 1950, that I last saw the
deceased alive on Jan 6, 1950, and that death occurred at 5 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Gosnell

23B. ADDRESS

801 N. Kenwood St.

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-9-50

24C. NAME OF CEMETERY OR CREMATORY

Cath. Hill

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 8 1950

REGISTRAR'S SIGNATURE

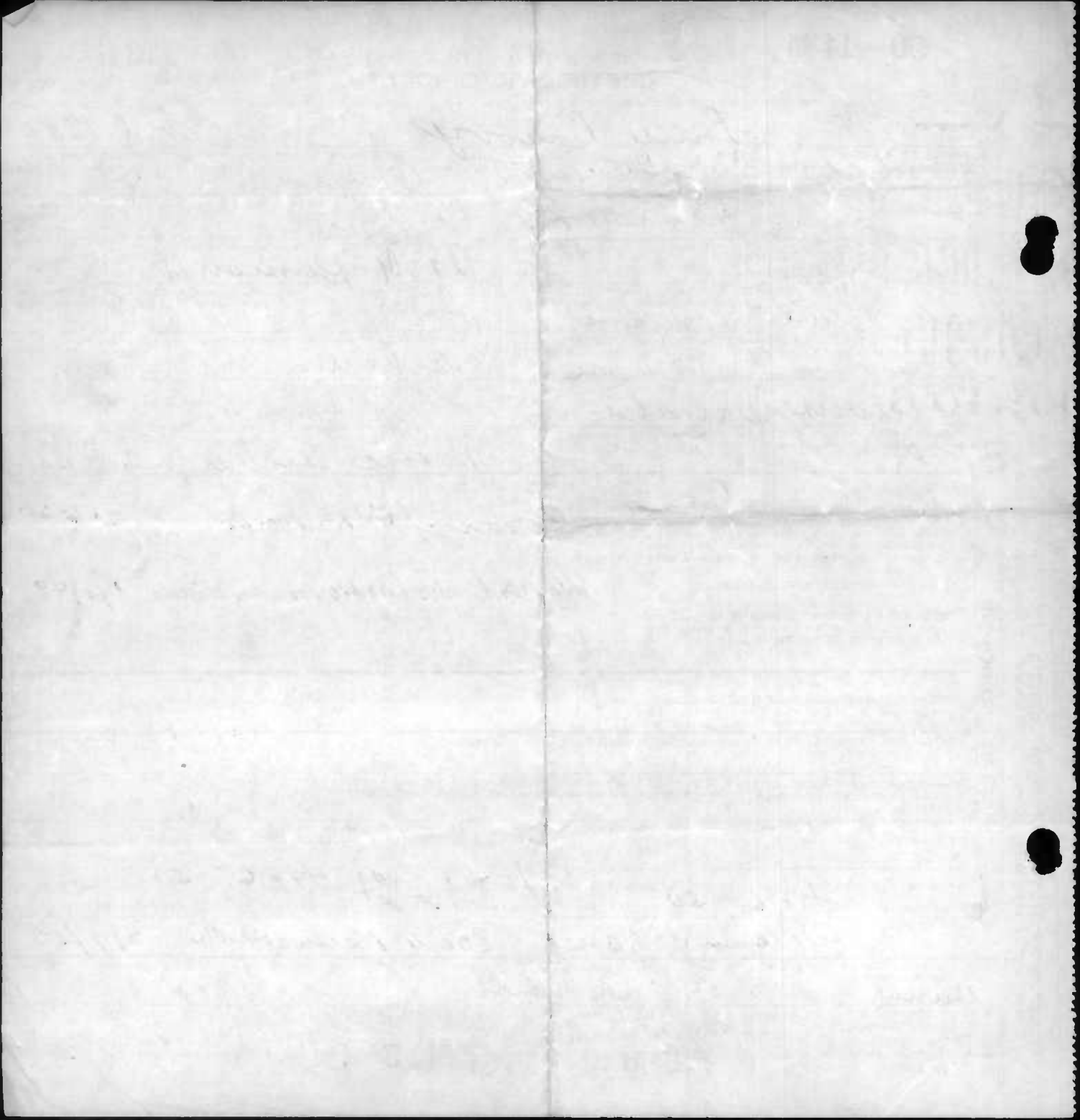
William J. Gosnell

25. FUNERAL DIRECTOR

Frank G. Goch

ADDRESS

9004 Cheater



50

1135

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50

1135

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Petronilla Svec

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

915 N. Collington Avenue

c. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

Fe.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 30/77

9. AGE (In years
last birthday)

72

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Machacek

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wencesl Svec, 915 N. Collington Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension; Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2/6/1950, to 2/7/1950, that I last saw the
deceased alive on 2/7/1950, and that death occurred at 2:30 P.M. from the causes and on the date stated above.

23A. SIGNATURE

Thaddeus Scivinski

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-11-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thaddeus Scivinski

25. FUNERAL DIRECTOR

ADDRESS

Frank Brachdon 9004 B. Chester

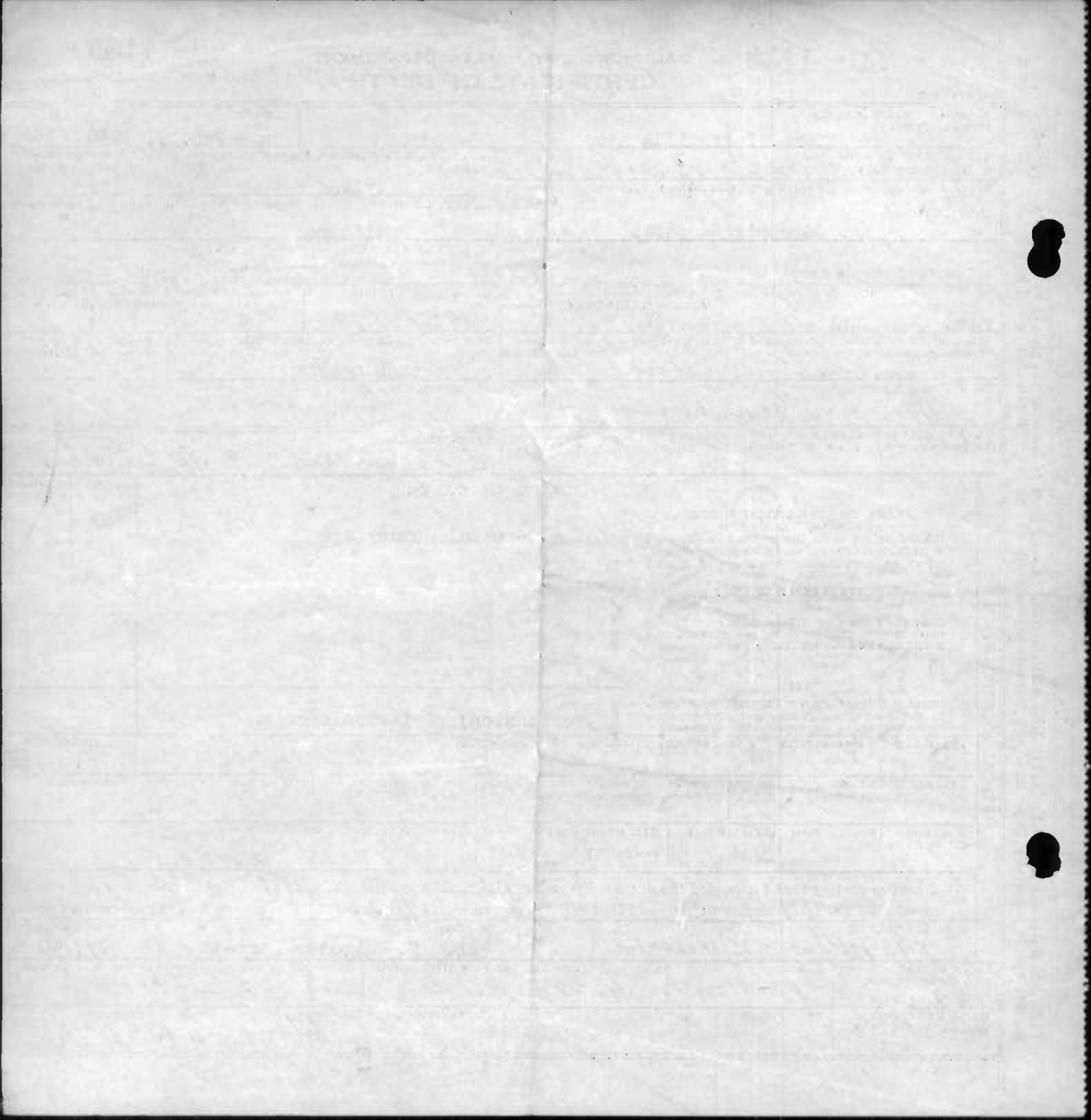
FEB 8 1950

VS 150

83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1136

50 1136

1. NAME OF DECEASED
(Type or Print)

Perlman Jennie

2. DATE
OF
DEATH

8 Feb. '50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write U.S.A. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Alhambra Apts (825 Lake Dr.)

C. Length of stay in Baltimore

7 Weeks

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

1878

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Guzenput

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Meyer Perlman Alhambra Apts 3

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE TO

? Coronary Insufficiency due to ASHD

ANTECEDENT CAUSES

(B)

CAUSE TO

Ca of Corvix & metastases

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

CAUSE TO

Post-op infarct - Lipoid Anestroses
Venous-Vaginal Fistula

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

27 Jan. 50

19B. MAJOR FINDINGS OF OPERATION

Ca of Corvix

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17 Jan. 1950, to 8 Feb. 1950, that I last saw the deceased alive on 8 Feb. 1950 and that death occurred at 1:35 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Irvin J. Perlman

M.D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

8 Feb 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 8, 1950

24C. NAME OF CEMETERY OR CREMATORY

Savannah Ga

24D. LOCATION (City, town, or county)

Ga

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 - 1950

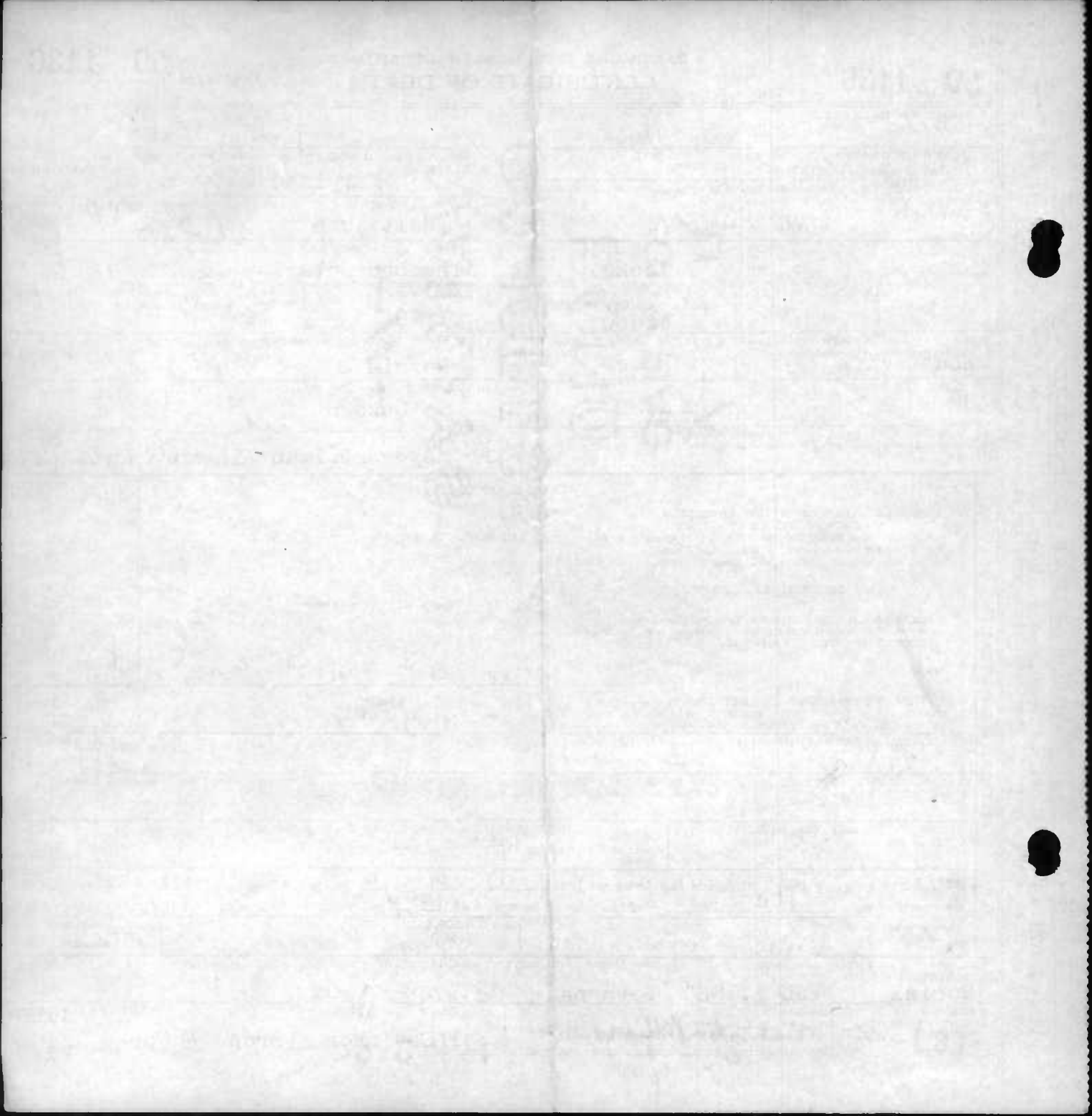
REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros W North Ave



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1137
Registered No. 50 1137

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALLIE C. HAMMEL

2. DATE
OF
DEATH Feb. 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

315 S. Norris St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 S. Norris St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 24, 1870

9. AGE (in years
last birthday)

79

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Neighoff

14. MOTHER'S MAIDEN NAME

Mary (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
William F. Wharry, Raynor Heights, Md.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 1, 1950, to Feb. 6, 1950, that I last saw the deceased alive on Feb. 5, 1950, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

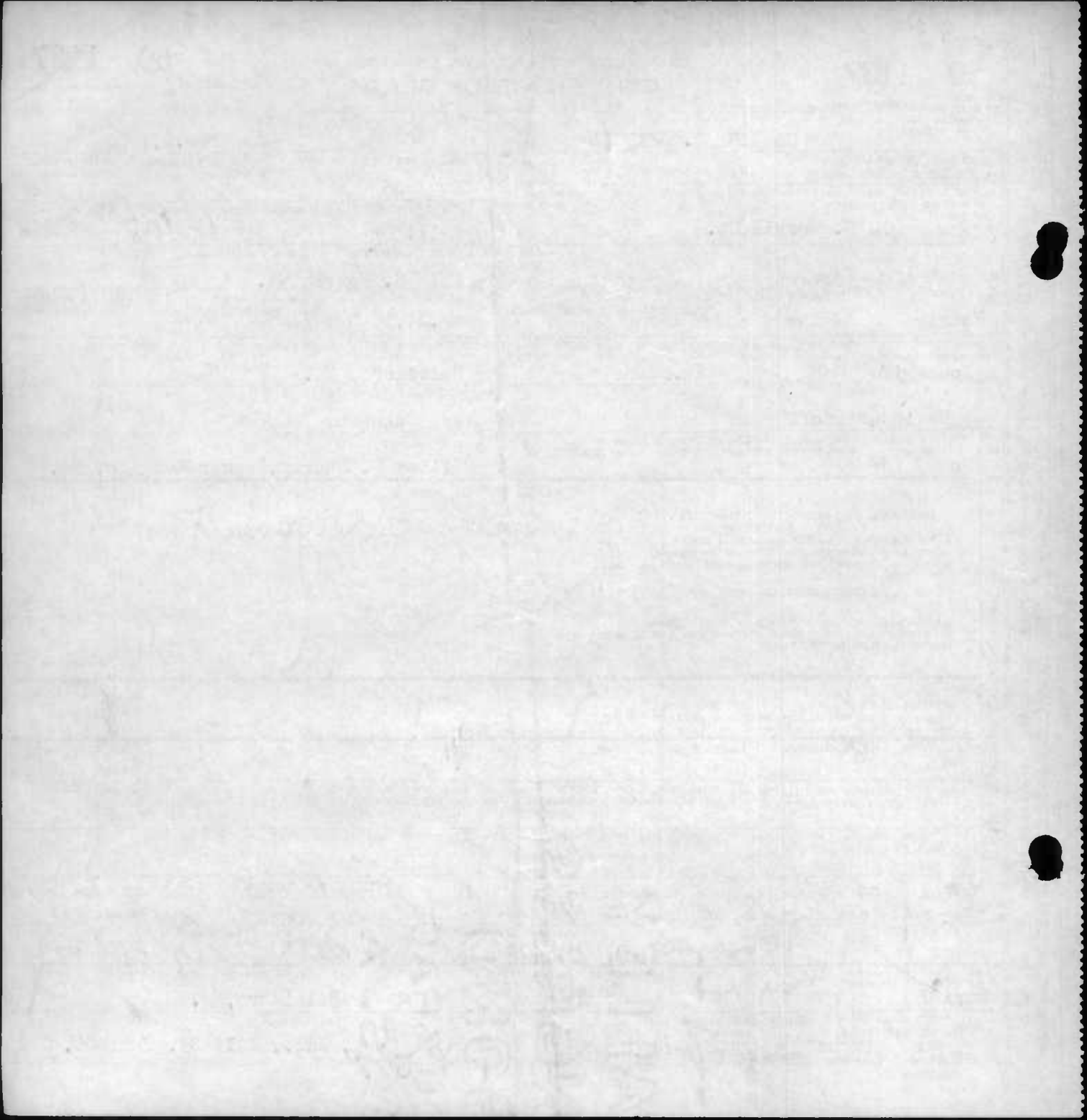
FEB 9 - 1950

William Cook, Inc., 1217 St. Paul St.

VS 150

1137

93D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

G-431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1138 Registered No. 4201

50 1138

1. NAME OF DECEASED (Type or Print) HARRY GOLDFEIN		2. DATE OF DEATH 2-8-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1228 No Broadway		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township.) Baltimore 8-07	
c. Length of stay in Baltimore 46 Yrs. 46 Mos. 46 Days		D. STREET ADDRESS (If rural, give location) 1228 No Broadway	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10B. KIND OF BUSINESS OR INDUSTRY Cabinet maker	9. AGE (In years, last birthday) 72
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Not known		14. MOTHER'S MAIDEN NAME Not known	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Harold Goldfein		ADDRESS 1228 No Broadway	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis DUE TO (B) Anterior inf. C.V. disease DUE TO (C) Bronchiectasis			INTERVAL BETWEEN ONSET AND DEATH INSTANTLY 5 yrs. 9 yrs.
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1/15/46 , to 2/8/50 , 19 50 , that I last saw the deceased alive on 2/7/50 , 19 50 , and that death occurred at 6:17 m., from the causes and on the date stated above.			
23A. SIGNATURE Benjamin B. Moses, M.D.		23B. ADDRESS 448 N. Luzerne Ave	23C. DATE SIGNED 2/8/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-9-50	24C. NAME OF CEMETERY OR CREMATORY Hebrew Mt Carmel	24D. LOCATION (city, town, or county) (State) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1950	REGISTRAR'S SIGNATURE Washington Williams	25. FUNERAL DIRECTOR Jack Lewis	ADDRESS 2100 Eutan Pl

VS 150

1561V

1158

93D

Moses
4484 Luperone Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1139
Registered No.50 1139
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Lillian Grasmick</i>			2. DATE OF DEATH <i>Feb. 7, 1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2511 Barclay St</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>00</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 12-03</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>2511 Barclay St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct. 17, 1881</i>	9. AGE (In years, last birthday) <i>68</i>	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Dressmaker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Louis Grasmick</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT <i>Miss L. Shalheimer</i>		

18.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Hypertensive Heart Disease</i> DUE TO (C) <i>Hypertensive Heart Disease</i>	<i>3 days.</i> <i>5 yrs.</i>

19A. DATE OF OPERATION <i>none</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>no.</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Nov. 26, 1945*, to *Feb. 7, 1950*, that I last saw the deceased alive on *Feb. 6, 1950*, and that death occurred at *2:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Carl L. Chambers</i>	23B. ADDRESS <i>4108 Liberty Hts. C.</i>	23C. DATE SIGNED <i>2/8/50.</i>
---	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-10-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. German Reformed</i>	24D. LOCATION (City, town, or county) (State) <i>Balto.</i>
DATE RECEIVED BY <i>FEB 9 1950</i>	REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. W. Siegfried</i>	ADDRESS <i>900 E. Beadle St.</i>

VS 150

49689

Feb 7 1950

5-0-50

Dr. Carl Chambers

93D

Liberty St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1140

Registered No.

50. 1140

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillie Hindle

2. DATE
OF
DEATH

2/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

welcome (Rural)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

one Mos.
two Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE (MARRIED)

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

18 94

9. AGE (In years
last birthday)

55

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

not known

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Uremia

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

{ absence left kidney
chronic pyelonephritis with
probable pyonephrosis, right

14 yrs.

10-13 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertension & encephalopathy
diffuse gastric

not known

few mos

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1950, to 2/9, 1950, that I last saw the
deceased alive on 2/9, 1950, and that death occurred at 12:44 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John R. Hankins

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-9-50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Waldorf Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

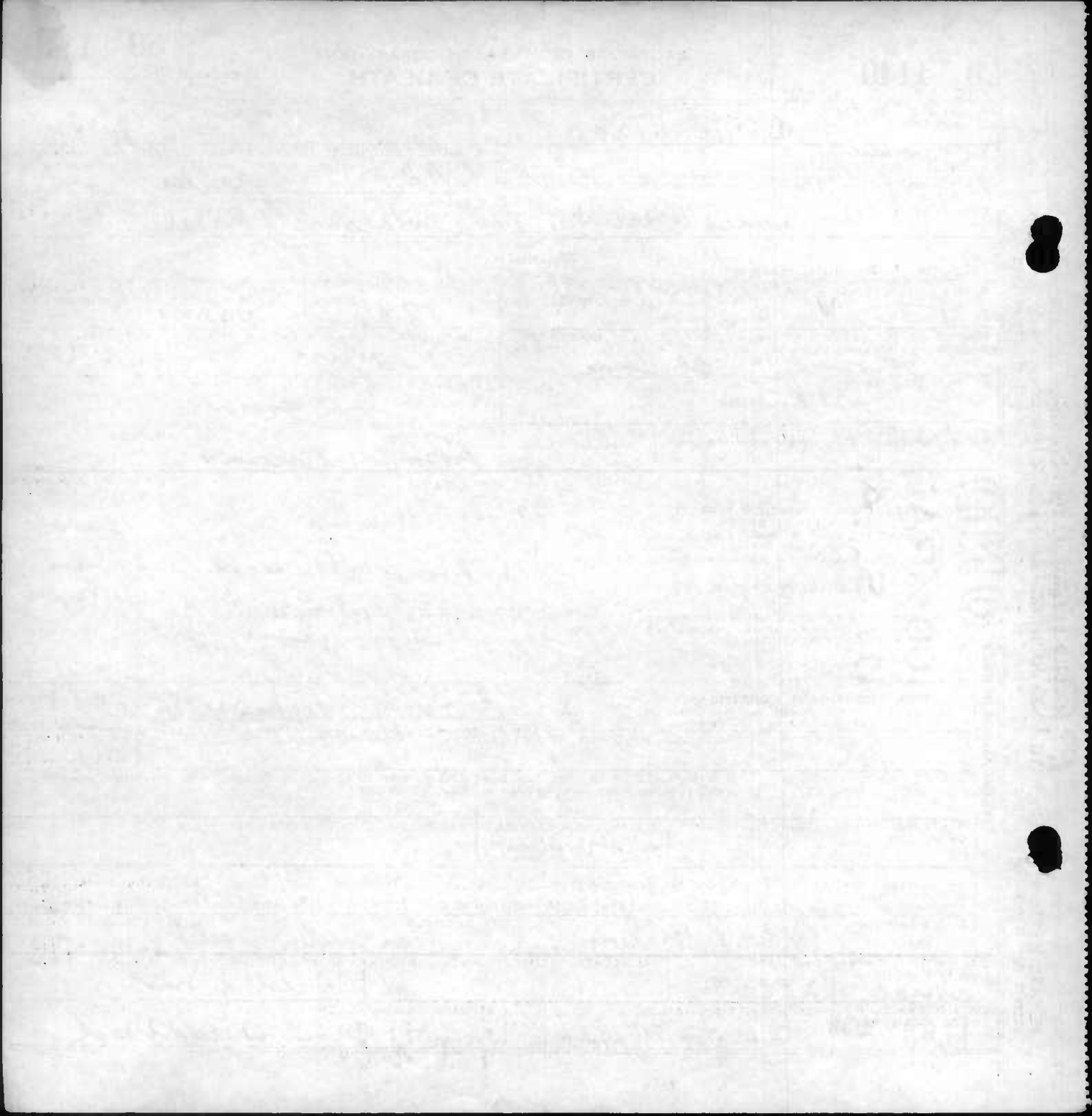
REGISTRAR'S SIGNATURE

Wilmington, Delaware, Md.

25. FUNERAL DIRECTOR

ADDRESS

Hunt & Ryon Waldorf Md



PLEASE WRITE NEATLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1141

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)(also known as Isaac Henry Welsh)
HENRY ISAAC WELSH2. DATE
OF
DEATH

Feb. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

US Marine Hospital
Hyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 S. Hilton Street

c. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

B. DATE OF BIRTH

1/13/07

9. AGE (In years
last birthday)

43

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

chauffeur

10B. KIND OF BUSINESS OR
INDUSTRY

American Store Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William Welsh

14. MOTHER'S MAIDEN NAME

Wilhelmina Conway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW 2

16. SOCIAL
SECURITY NO.

216-09-2885

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of right lung with
generalized metastases

DUE TO

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 19, 1949, to Feb. 8, 1950, that I last saw the deceased alive on Feb. 8, 1950, and that death occurred at 5:40 A.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

2/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11-50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Holliman, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. R. Berger Jr 1512 Hollins St
Balto. 23 Md

VS 150

43267

47D

Balto. 23 Md

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

Name of Person		Date of Birth		Place of Birth	
John J. Edgar		1873		St. Louis, Mo.	
Occupation		Education		Religion	
Attorney		College		Catholic	
Political Party		Social Status		Marital Status	
Republican		Middle Class		Married	
Date of Death		Cause of Death		Place of Death	
1900		Heart Disease		St. Louis, Mo.	
Date of Burial		Place of Burial		Cemetery	
1900		St. Louis		St. Louis	
Date of Interment		Place of Interment		Cemetery	
1900		St. Louis		St. Louis	
Date of Exhumation		Place of Exhumation		Cemetery	
1900		St. Louis		St. Louis	
Date of Reinterment		Place of Reinterment		Cemetery	
1900		St. Louis		St. Louis	
Date of Final Disposition		Place of Final Disposition		Cemetery	
1900		St. Louis		St. Louis	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

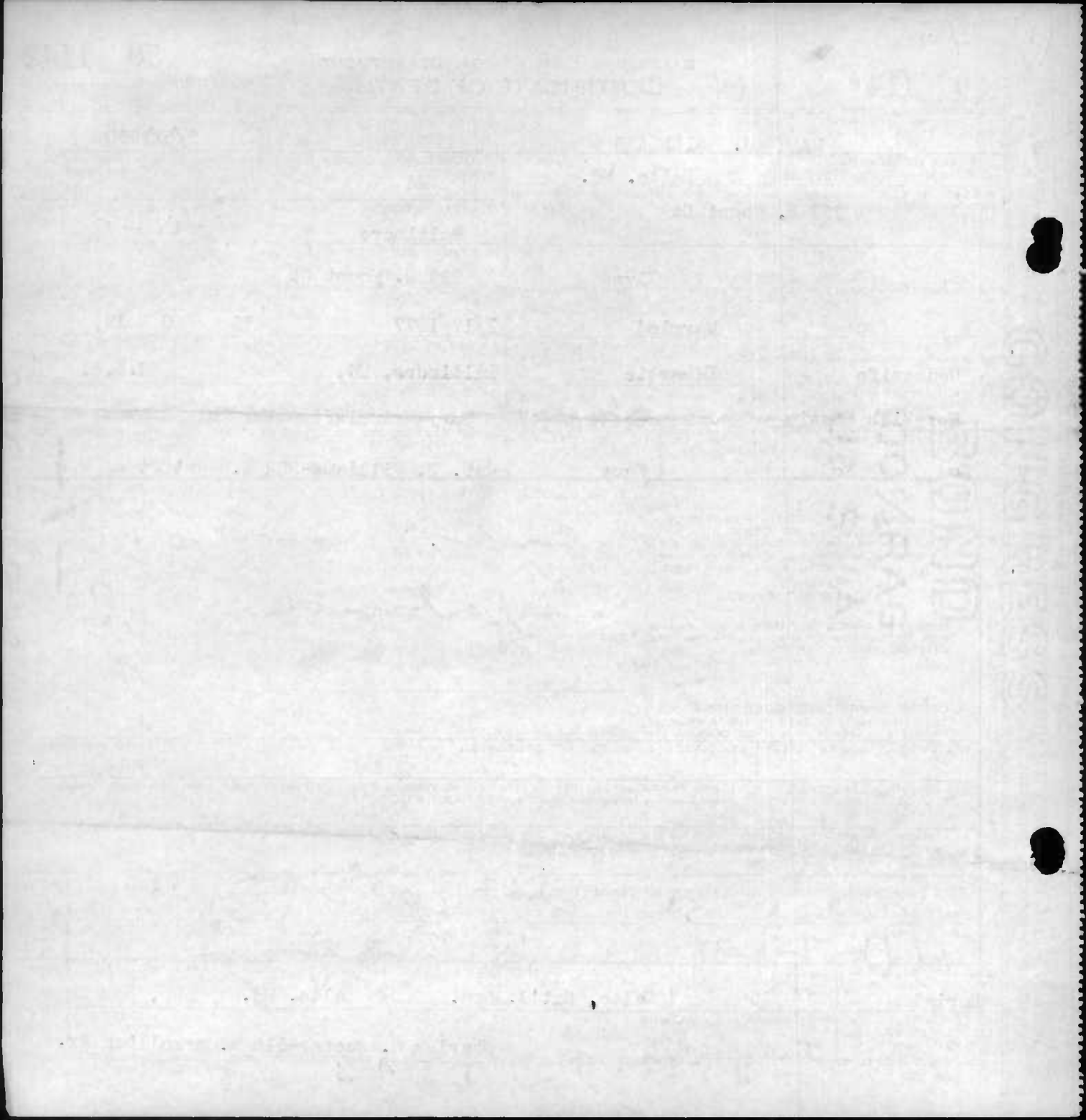
W-452

50 1142

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1142
Registered No. 331

1. NAME OF DECEASED (Type or Print) MARY J. WILLIAMS		2. DATE OF DEATH 2/5/1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 232 N. Mount St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 232 N. Mount St		E. STREET ADDRESS (If rural, give location)	
c. Length of stay in Baltimore 73yrs		Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/17/1877
9. AGE (In years, last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hezekiah Lewis		14. MOTHER'S MAIDEN NAME Mary Francis	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Jas. B. Williams-232 N. Mount St		ADDRESS	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage DUE TO Hypertension DUE TO ? INTERVAL BETWEEN ONSET AND DEATH 30 minutes			
19. DATE OF OPERATION 2/9/50			
19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 2 , 19 50 , to Feb 5 , 19 50 , that I last saw the deceased alive on Feb 5 , 19 50 , and that death occurred at 4 P m., from the causes and on the date stated above.			
23A. SIGNATURE W H Watts		23B. ADDRESS 5156 Kensington	
23C. DATE SIGNED 2/8/50		23D. LOCATION (City, town, or county) (State)	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/9/50	
24C. NAME OF CEMETERY OR CREMATORY Balto. Nat'l. Cem.		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1950		REGISTRAR'S SIGNATURE Stuntington Williams	
25. FUNERAL DIRECTOR Charles G. Cooper-512 N. Carrollton Av.		ADDRESS	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FIORINI

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1143
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) *ANTHONY FIORINI*2. DATE OF DEATH *585 2-7-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *So. Balt. Gen. Hosp.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*B. COUNTY *Baltimore*B. FULL NAME OF HOSPITAL OR INSTITUTION *So. Balt. Gen. Hosp.*C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Balto. Parkville*43
c. Length of stay in BaltimoreYrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location) *7913 High Point Rd.*5. SEX *Male*6. COLOR OR RACE *White*7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*8. DATE OF BIRTH *Sept. 23-1898*9. AGE (In years last birthday) *51*10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *Stone Mason*

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) *Rome - Italy*

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME *Frank Fiorini*

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. *218-05-5834*17. INFORMANT *Anthony Fiorini*ADDRESS *7917 High Point Rd.*

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)(A) DUE TO *Subdysphagentic Abscess*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO *Focalized Peritonitis*(C) *Chronic Cholecystitis*

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE *John H. Larned*

M. D.

23b. ADDRESS *So. Balt. Gen. Hosp.*23c. DATE SIGNED *2-7-50*24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial*24b. DATE *Feb. 10-50*24c. NAME OF CEMETERY OR CREMATORY *Moreland Memorial O. Cem.*24d. LOCATION (City, town, or county) (State) *Balto. Md.*DATE RECEIVED BY LOCAL REGISTRAR *FEB 9 - 1950*REGISTRAR'S SIGNATURE *Wilmington Williams, M.D.*25. FUNERAL DIRECTOR *John H. Miller*ADDRESS *2334 Jefferson St.*

MARGIN RESERVED FOR BINDING

PLEASE WRITE READILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-430
50 1144

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 1144

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Hullett, Virginia M.		2-8-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)		A. STATE B. COUNTY	
36 Fran Klini Square Hospital		Md. Baltimore	
C. LENGTH OF STAY IN BALTIMORE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
Yrs. Mos. Days		Baltimore 27-19	
D. STREET ADDRESS (If rural, give location)		5709 Highgate Drive	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	Widowed	March 16, 1872
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTH PLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
77	None	Balto Md	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Pesthuis		Elizabeth Mills	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No	None	Ethel Callahan 5709 Highgate Drive	

MEDICAL CERTIFICATION	18.	<p style="text-align: center;">I</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p>	<p style="text-align: center;">CAUSE OF DEATH</p> <p>(A) <u>Myocardial infarction</u></p> <p>DUE TO</p> <p>(B) <u>Coronary arteriosclerosis</u></p> <p>QUE TO</p> <p>(C) _____</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p> <p><u>2 days</u></p> <p><u>Not known</u></p>	
	<p style="text-align: center;">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p>				
	<p style="text-align: center;">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>				
	<p>19A. DATE OF OPERATION</p>		<p>19B. MAJOR FINDINGS OF OPERATION</p>		<p>20. AUTOPSY?</p> <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
	<p>21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)</p>		<p>21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)</p>	<p>21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)</p>	
<p>21D. TIME (Month) (Day) (Year) (Hour) OF INJURY</p>		<p>21E. INJURY OCCURRED</p> <p>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>21F. HOW DID INJURY OCCUR?</p>	
<p>22. I hereby certify that I attended the deceased from <u>7 Feb</u>, 19<u>50</u>, to <u>8 Feb</u>, 19<u>50</u>, that I last saw the deceased alive on <u>8 Feb</u>, 19<u>50</u>, and that death occurred at <u>1030</u> p.m., from the causes and on the date stated above.</p>					
<p>23. SIGNATURE</p> <p><u>John W. Leonard</u></p>		<p>23B. ADDRESS</p> <p>M. D. <u>Franklin Square Hospital</u></p>		<p>23C. DATE SIGNED</p> <p><u>8 Feb 1950</u></p>	
<p>24A. BURIAL, CREMATION, REMOVAL (Specify)</p> <p><u>Buried</u></p>	<p>24B. DATE</p> <p><u>2/11/50</u></p>	<p>24C. NAME OF CEMETERY OR CREMATORY</p> <p><u>Western Cgm</u></p>	<p>24D. LOCATION (City, town, or county) (State)</p> <p><u>Baltimore Md</u></p>		
<p>DATE RECEIVED BY LOCAL REGISTRAR</p> <p><u>EB 9 - 1950</u></p>	<p>REGISTRAR'S SIGNATURE</p> <p><u>John W. Leonard</u></p>		<p>25. FUNERAL DIRECTOR</p> <p><u>Roller & B.M. Walker</u></p>		

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1145

Registered No.

50 1145

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Charlotte E.
Charlotte Pindell2. DATE
OF
DEATH

Feb 7 - 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

36

Franklin Square Hospital Baltimore 19-03

c. Length of stay in Baltimore

life

D. STREET ADDRESS (If rural, give location)

1501 W. Baltimore St

5. SEX

F

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/10/1890

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George F. Yates

14. MOTHER'S MAIDEN NAME

Annie E. Benton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No, unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

Bernard P. Pindell 1501 W. Baltimore St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute anterior myocardial infarction

2 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary thrombosis

2 day.

DUE TO

(C) Coronary sclerosis

not known

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK

AT WORK

22. I hereby certify that I attended the deceased from 6 February, 1950, to 7 February, 1950, that I last saw the
deceased alive on 7 Feb., 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Annand

23B. ADDRESS

Franklin Square Hosp -

23C. DATE SIGNED

7 Feb 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/10/1950

Worshipful Cem

Bally Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

26. SIGNATURE

FEB 9 - 1950

VS 150

H. H. Walters, M.D.

H. H. Walters

H. H. Walters

94a

26

CERTIFICATE OF DEATH

[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]

S-540

50 1146

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1146

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SYLVESTER ARTHUR SMALL

2. DATE
OF
DEATH

Feb 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MD

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

36 FRANKLIN SQUARE HOSP

C. CITY OR TOWN (If outside corporate limits write RURAL and give
township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

20 S. CAREY ST

c. Length of stay in Baltimore

6. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/4/1879

9. AGE (In years
last birthday)

71

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

IRON MOULDER

10B. KIND OF BUSINESS (Specify)

BRASS CASTINGS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

GEORGE R. SMALL

14. MOTHER'S MAIDEN NAME

MABHATIBEL PENNY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

WINIFRED C. SMALL 20 S. CAREY ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Coronary Thrombosis

Sudden death

ANTECEDENT CAUSES

(B) ...

Coronary Sclerosis

Two years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1948, to Feb. 7, 1950, that I last saw the
deceased alive on Feb. 7, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. B. Schreier

M. D.

23B. ADDRESS

54 S. Fulton Ave.

23C. DATE SIGNED

2-8-50

24. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/1950

24C. NAME OF CEMETERY OR CREMATOR

Kearns Catholic Cem

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9 - 1950

REGISTRAR'S SIGNATURE

Wm. B. Schreier

25. FUNERAL DIRECTOR

Roth & Co. B. M. Wacker

26. SIGNATURE

Wm. B. Schreier

VS 150

33831

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
OFFICE OF THE REGISTRAR
DIVISION OF VITAL RECORDS

Birth Record of
Name of Child
Date of Birth
Place of Birth
Sex
Color
Parents' Names
Married Name of Mother
Occupation of Father
Occupation of Mother
Name of Doctor
Name of Midwife
Name of Nurse
Name of Hospital
Name of City
Name of County
Name of State

Birth Record of
Name of Child
Date of Birth
Place of Birth
Sex
Color
Parents' Names
Married Name of Mother
Occupation of Father
Occupation of Mother
Name of Doctor
Name of Midwife
Name of Nurse
Name of Hospital
Name of City
Name of County
Name of State

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1147

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY E. DIMELER

2. DATE
OF
DEATH

2/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE MD

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

1341 RAMSAY ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 19-03

D. STREET ADDRESS (If rural, give location)

1341 RAMSAY ST

c. Length of stay in Baltimore

SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED

MARRIED

8. DATE OF BIRTH

10-16-1901

9. AGE (In years

48

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. WIFE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Fogarty

14. MOTHER'S MAIDEN NAME

MARY SHRIVER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

GEORGE D. DIMELER 1341 RAMSAY ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

DUE TO

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Chronic Nephritis

DUE TO

Stricture Ureters, Bilateral

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 1949 to 8 Feb, 1950 that I last saw the deceased alive on 8 Feb, 1950 and that death occurred at 1:00 A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. Baylus

23B. ADDRESS

1600 Wilkens Ave

23C. DATE SIGNED

8 Feb 50

24. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/1950

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge Cem

24D. LOCATION (City, town, or county)

BALTIMORE

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 9 1950

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

W. H. Walters

VS 150

131a

26

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

4-00
GM. 135583
50 1148

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1148

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George August Kelly

2. DATE OF DEATH
2-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
411 N. Eden St. Z 31

C. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April. 9-1888

9. AGE (In years last birthday)

61 Yrs.

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

POST OFFICE CLERK

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Henry Kelly

14. MOTHER'S MAIDEN NAME

Ella Wing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-7-1950 to 2-8-1950 that I last saw the deceased alive on 2-8-1950 and that death occurred at 3:20 AM., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED

2-8-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-12-50

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN

24D. LOCATION (City, town, or county)

BALTO: MD

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

[Signature] 1304 N. Central Ave

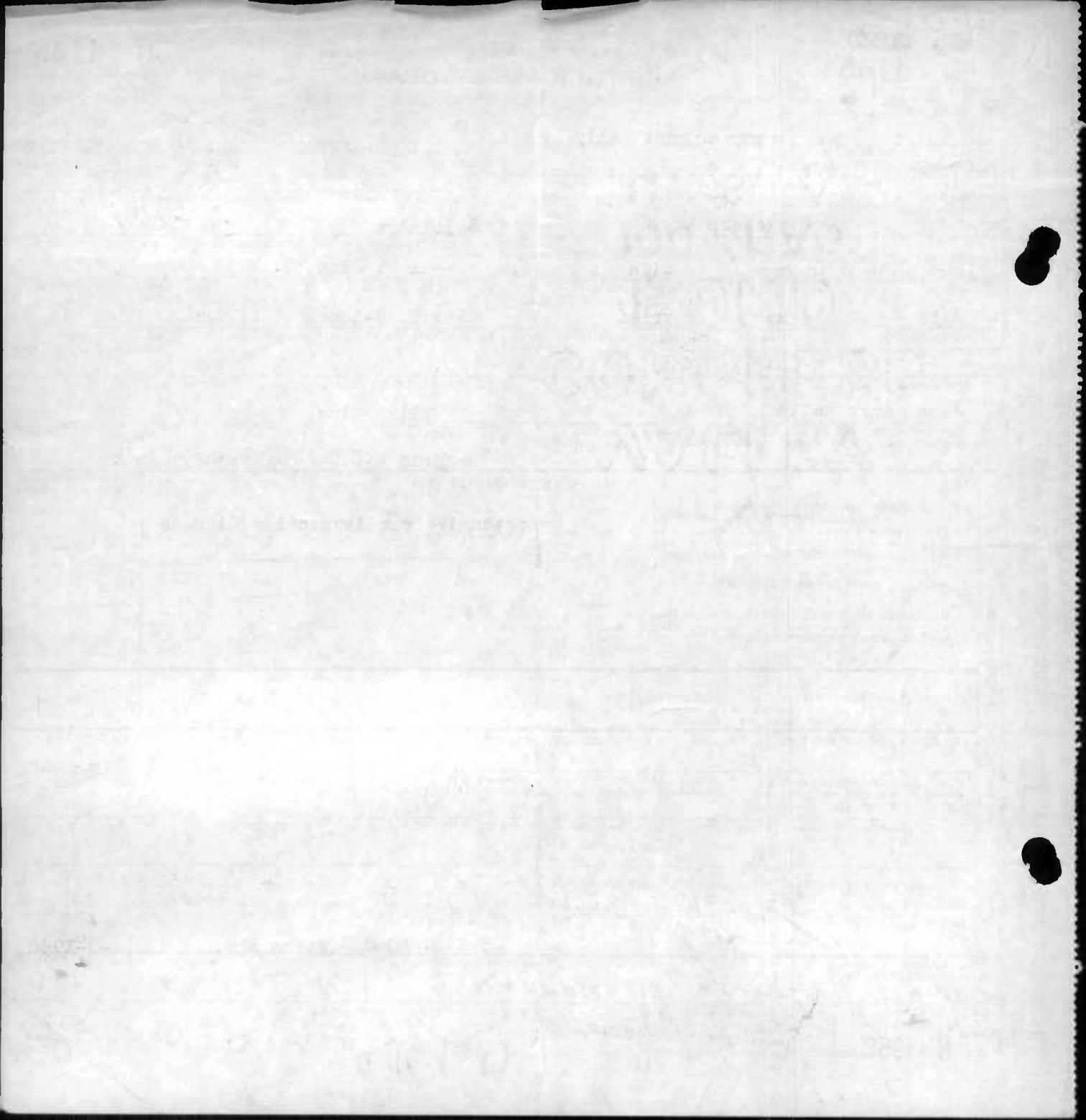
FEB 9 - 1950

VS 150

26695

50000940

935



H-530 50 1149 BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH 420 Registered No. 50 1149

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Lulu Hunt</i>			2. DATE OF DEATH <i>2/8 - 50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1416 E. St.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>MD</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN <i>Baltimore</i> (If outside corporate limits, write RURAL and give township)			D. STREET ADDRESS (If rural, give location) <i>1416 E. St.</i>		
c. Length of stay in Baltimore <i>6 yrs</i>			Yrs. Mos. Days			8. DATE OF BIRTH <i>Jan. 9, 1879</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	9. AGE (In years: last birthday) <i>70</i>			10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>COOK</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>PRIVATE FAMILY</i>			11. BIRTHPLACE (State or foreign country) <i>Sycamore, S. C.</i>		
13. FATHER'S NAME <i>Samuel Keuse</i>			14. MOTHER'S MAIDEN NAME			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS <i>Anon Hunt 1916 E. St. 88-</i>		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Occlusion</i> DUE TO				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2/6</i> , 19 <i>50</i> , to <i>2/8</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/8</i> , 19 <i>50</i> , and that death occurred at <i>7 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Blm Ruelte Sr.</i>		23B. ADDRESS <i>2135 Dund Hill</i>		23C. DATE SIGNED <i>2/8 - 50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2/10/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>mt Auburn</i>	
24D. LOCATION (City, town, or county) <i>md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR <i>Geo. W. Nelson 1802</i>	
24F. REGISTRAR'S SIGNATURE		24G. ADDRESS		24H. PRESTMAN	

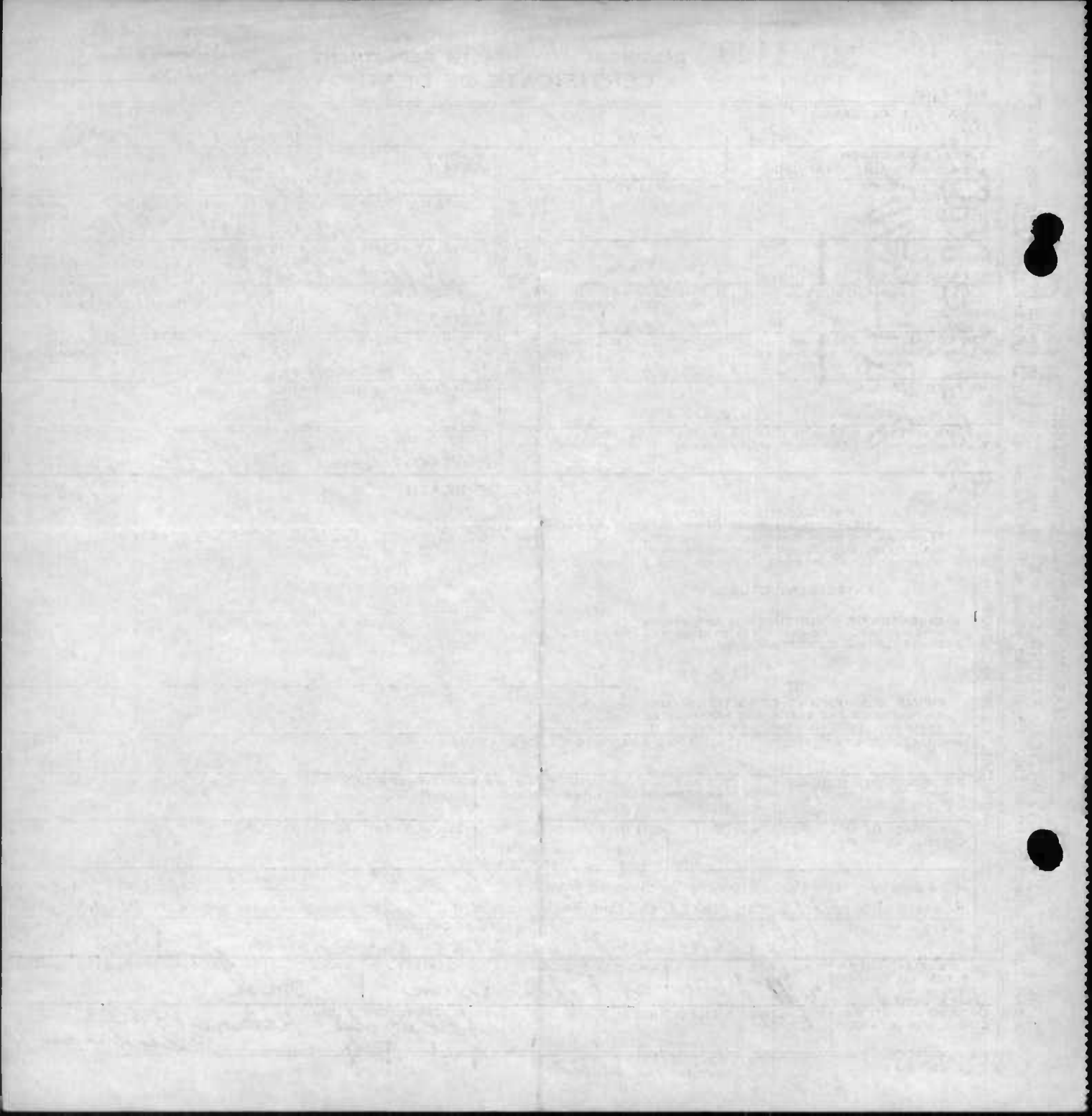
EB 9-1950

52086

Baltimore, Md.

1149

94a



J-525 50 1150

50 1150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GEORGE H. JOHNSON

2. DATE
OF
DEATH

2/5/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2236 PENNA AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO. 15-01

D. STREET ADDRESS (If rural, give location)

2236 PENNA. AVE

c. Length of stay in Baltimore

70

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

COLORED

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT 15 1879

9. AGE (In years
last birthday)

70

10. Under 1 Year

4

11. Under 24 Hours

21

12. Under 1 Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

LABORER

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

K.2.

13. FATHER'S NAME

SAMUEL JOHNSON

14. MOTHER'S MAIDEN NAME

VINKOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

VIOGA OWENS 2236 PENNA. AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

DIABETES

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

CARDIO VASCULAR DISEASE 3 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from JAN 10 1949 to FEB 5, 1950, that I last saw the
deceased alive on NOV 16, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William Frey

M. D.

23B. ADDRESS

1928 Penna Ave

23C. DATE SIGNED

2/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

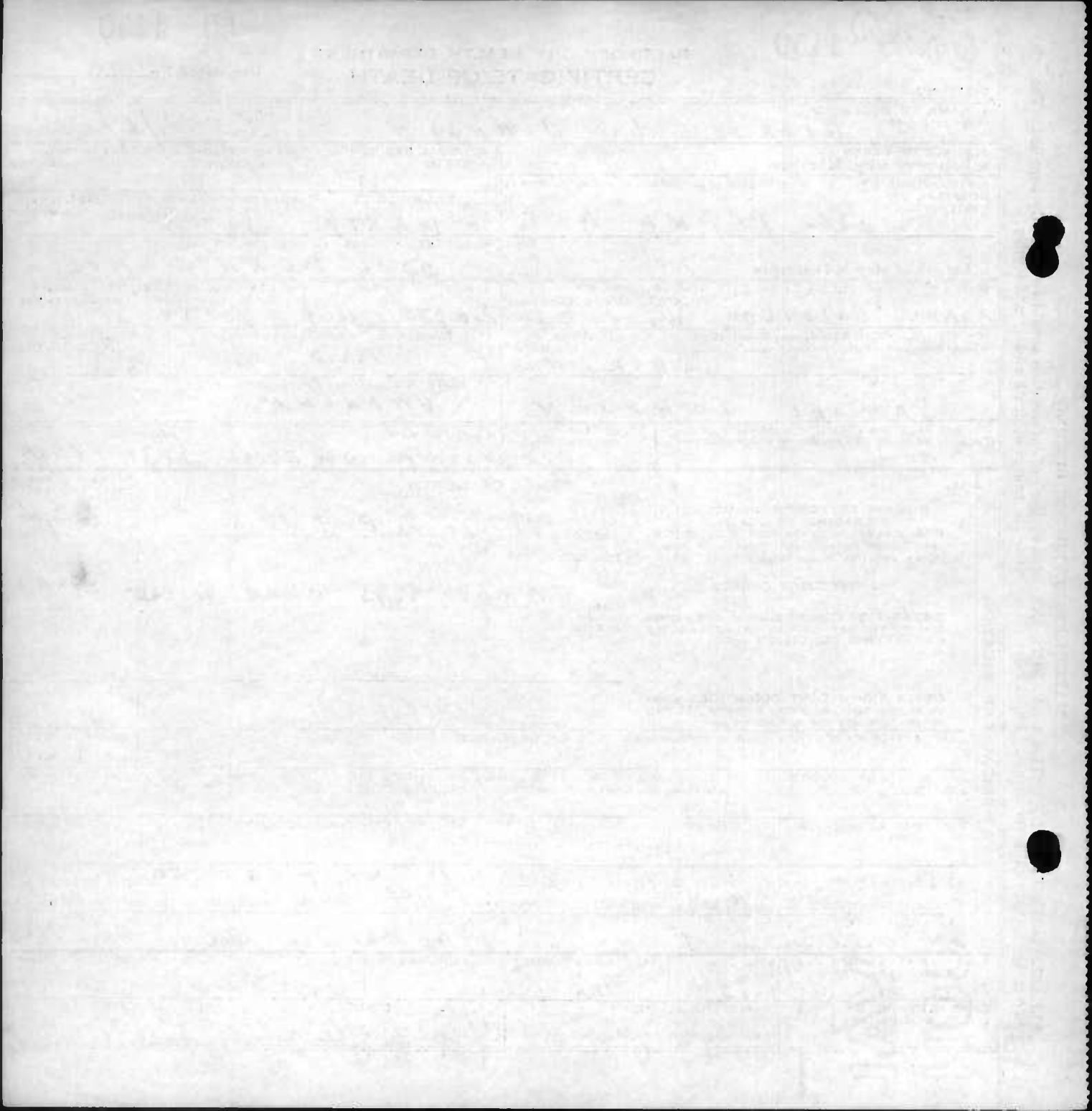
FEB 9 1950

98899

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 3698

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Anthony Holmes

2. DATE
OF
DEATH

Feb 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

B. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

1103 n. Stockton st

Yrs.

Mos.

Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

16-01

D. STREET ADDRESS (If rural, give location)

1103 n. Stockton st

c. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Dec 19, 1867

9. AGE (In years,

last birthday)

82

It Under 1 Year

Months: Days

It Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF

U.S.

13. FATHER'S NAME

Clayborne Holmes

14. MOTHER'S MAIDEN NAME

Martha Townes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Marion Croxson

ADDRESS

583 Cumberland st

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocarditis

unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

unknown

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-15, 1949 to 2-7, 1950, that I last saw the deceased alive on 2-7, 1950, and that death occurred at 11:34 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Saunders

23B. ADDRESS

1029 n. Stricker St.

23C. DATE SIGNED

2-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

arbitus

24D. LOCATION (City, town, or county)

md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

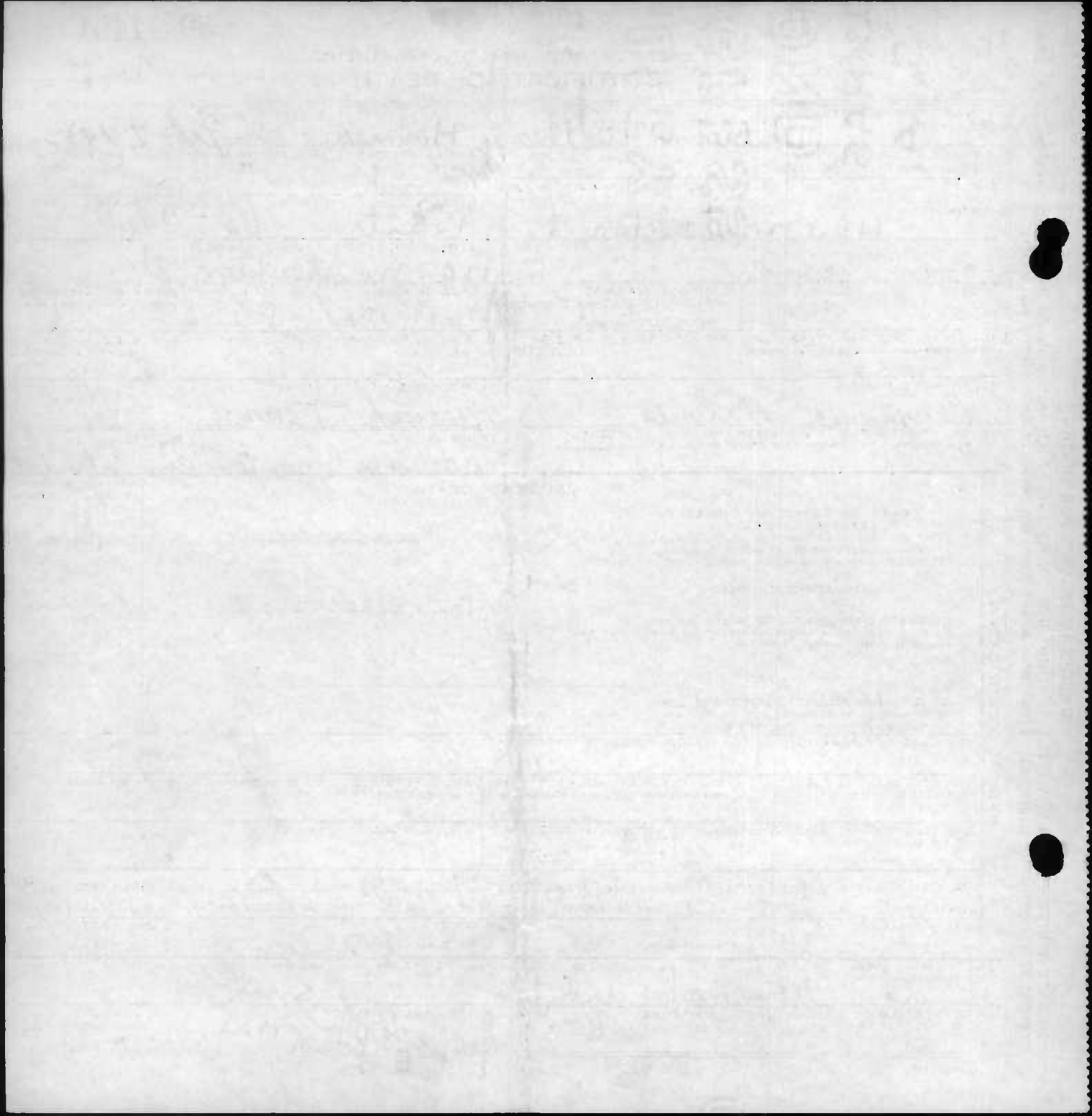
William J. Williams, M.D.

25. FUNERAL DIRECTOR

George G. Nelson

ADDRESS

1303 Presstman st



M-246 50 1152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH150 1152
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ETHEL N. McClure

2. DATE
OF
DEATH

Feb. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

2112 Mt. Holly St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2121 Mt. Holly St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 10, 1897

9. AGE (In years, last birthday)
52
If Under 1 Year Months Days
If Under 24 Hours Hours Min.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James A. Brooks

14. MOTHER'S MAIDEN NAME

Mary V. King

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Charles T. McClure 2112 Mt. Holly St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

7 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cardiovascular disease

P

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Arteriosclerosis

P

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 7, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 1 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, ETC. (Specify)

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

11-11-11

RECEIVED FROM THE NATIONAL ARCHIVES
11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

11-11-11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-200 50 1153

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1153

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BRODE VANCE ASKEW, SR.

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE
Md.B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

730 Reservoir St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)
Baltimore

D. STREET ADDRESS (If rural, give location)

730 Reservoir St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 23, 1883

9. AGE (In years
last birthday)

66

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Parking Co.

11. BIRTHPLACE (State or foreign country)

N. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Askew

14. MOTHER'S MAIDEN NAME

Lucy Uhrer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Brode Vance Askew, Sr. 730 Reservoir

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Carcinoma of Right Lung*

3 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-26, 1949, to 2-7, 1950, that I last saw the
deceased alive on 1-7, 1950, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS Balto., Md.

FEB 9 - 1950
VS 150

41684

1153

47D

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

<p>1. Name of Deceased: _____</p>		<p>2. Date of Death: _____</p>	
<p>3. Place of Birth: _____</p>		<p>4. Age at Death: _____</p>	
<p>5. Sex: _____</p>		<p>6. Race: _____</p>	
<p>7. Marital Status: _____</p>		<p>8. Occupation: _____</p>	
<p>9. Cause of Death: _____</p>		<p>10. Manner of Death: _____</p>	
<p>11. Signature of Physician: _____</p>		<p>12. Signature of Registrar: _____</p>	
<p>13. Date of Signature: _____</p>		<p>14. Place of Signature: _____</p>	

15. Additional Information: _____

16. _____

17. _____

18. _____

19. _____

20. _____

21. _____

22. _____

23. _____

24. _____

25. _____

26. _____

27. _____

28. _____

29. _____

30. _____

31. _____

32. _____

33. _____

34. _____

35. _____

36. _____

37. _____

38. _____

39. _____

40. _____

41. _____

42. _____

43. _____

44. _____

45. _____

46. _____

47. _____

48. _____

49. _____

50. _____

51. _____

52. _____

53. _____

54. _____

55. _____

56. _____

57. _____

58. _____

59. _____

60. _____

61. _____

62. _____

63. _____

64. _____

65. _____

66. _____

67. _____

68. _____

69. _____

70. _____

71. _____

72. _____

73. _____

74. _____

75. _____

76. _____

77. _____

78. _____

79. _____

80. _____

81. _____

82. _____

83. _____

84. _____

85. _____

86. _____

87. _____

88. _____

89. _____

90. _____

91. _____

92. _____

93. _____

94. _____

95. _____

96. _____

97. _____

98. _____

99. _____

100. _____

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1154 - 132610

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1154

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rosalie Jeanette Wharten

2. DATE
OF
DEATH

2-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospital
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1208 Linden Ave. -17

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Jan. 24, 1930

9. AGE (in years
last birthday)

20

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry Lloyd Keilholtz

14. MOTHER'S MAIDEN NAME

Julia M. Pence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL
SECURITY NO.

17. INFORMANT

B. C. H. Records, 4940 Eastern Ave.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Pulmonary Tuberculosis*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from *10-14-49*, 19 *49*, to *Feb. 9*, 1950, that I last saw the
deceased alive on *Feb. 9*, 19 *50*, and that death occurred at *7.50am*, from the causes and on the date stated above.

23A. SIGNATURE

J. J. Hogan

23B. ADDRESS

4940 Eastern Ave

23C. DATE SIGNED

2-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem

24D. LOCATION (City, town, or equity)

Ritchie Highway

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

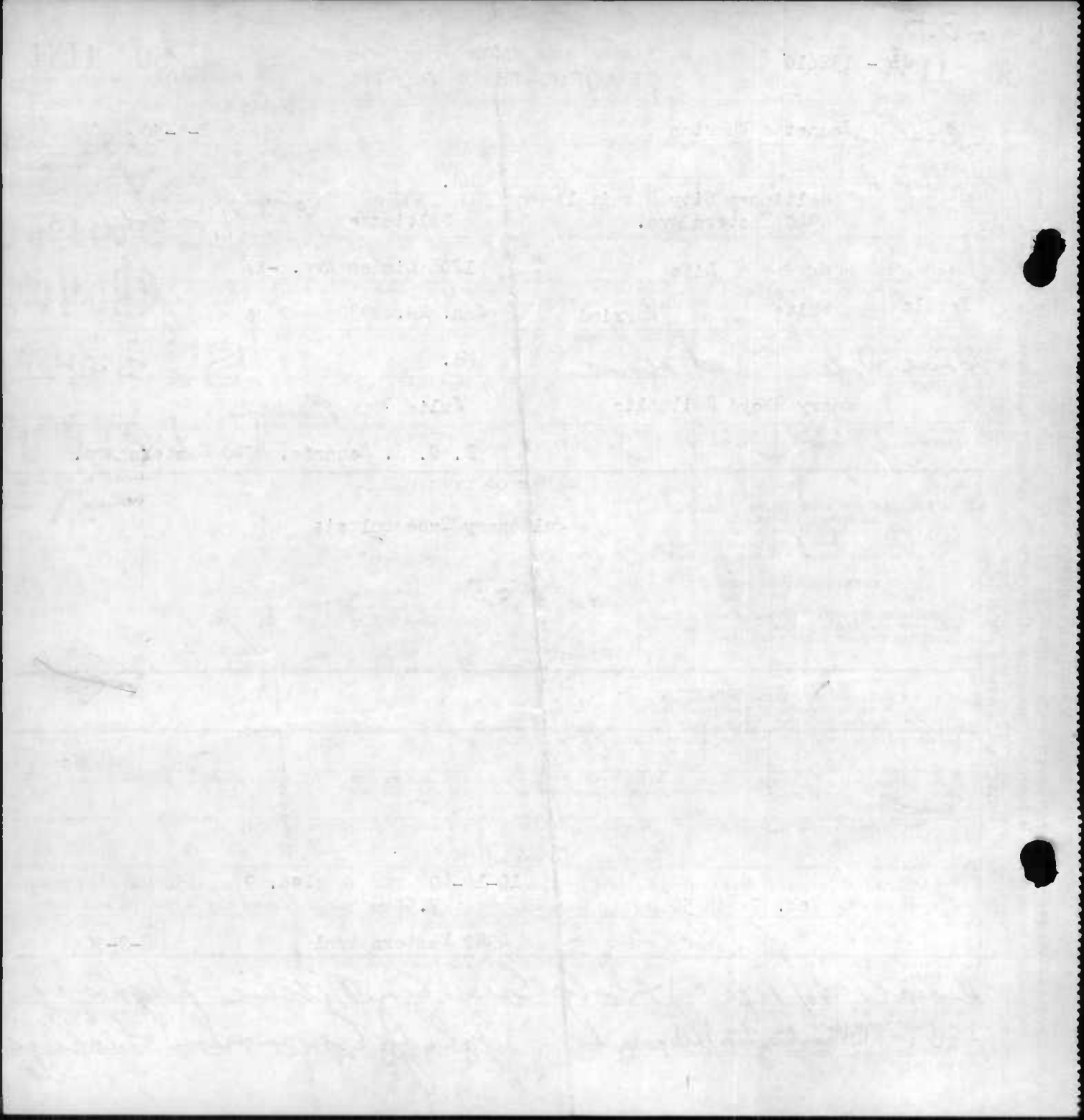
Wilmington Williams

25. FUNERAL DIRECTOR

John J. Brown & Son

ADDRESS

1313 St.



5-160

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1155 Registered No.

BIRTH NO. 50 1155

1. NAME OF DECEASED (Type or Print) <u>Schaefer, Rudolf</u>			2. DATE OF DEATH <u>2/8/50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore Md. #27</u>		
c. Length of stay in Baltimore <u>50</u> Yrs. Mes. Days			D. STREET ADDRESS (If rural, give location) <u>551A Oregon Ave.</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-24-80</u>		9. AGE (In years last birthday) <u>69</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steamster</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Schaefer</u>			14. MOTHER'S MAIDEN NAME <u>unknown</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(A) <u>HYPERTENSIVE CARDIO-VASCULAR DUE TO DISEASE & FAILURE</u>		
(B) <u>TERMINAL UREMIA</u>		
(C) <u>DIABETES MELLITIS</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>1/28</u> , 19 <u>50</u> , to <u>2/8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/8</u> , 19 <u>50</u> , and that death occurred at <u>5:15</u> p. m., from the causes and on the date stated above.				
23A. SIGNATURE <u>Robert W. Shaw M. D.</u>		23B. ADDRESS <u>St. Agnes Hosp.</u>		23C. DATE SIGNED <u>2/8/50</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2/11/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>	24D. LOCATION (City, town, or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <u>Livingston Williams</u>	25. FUNERAL DIRECTOR ADDRESS <u>Harry H. W. The 4101 Edmondson Ave</u>	

FEB 9 - 1950

91050

61

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

6/10/10

20th of 1000

Mr

24th of 1000

24th of 1000

24th of 1000

24th of 1000

24th of 1000

M.S.--135373

S-21650 1156

BALTIMORE CITY HEALTH DEPARTMENT

776
CERTIFICATE OF DEATH

Registered No.

50

1156

BIRTH NO.

50-02135

1. NAME OF DECEASED
(Type or Print)

Baby Boy Skipwith--Laura

2. DATE
OF
DEATH

1-30-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Hospitals

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

5-01

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

1208 McCubben Ct.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Jan. 30, 1950

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

12 15

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Clinton ?

14. MOTHER'S MAIDEN NAME

Laura Skipwith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records--Baltimore City Hospitals
4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30-1950 to 1-30-1950, that I last saw the
deceased alive on 1-30-1950, and that death occurred at 7:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE

R. L. Rozen

M. D.

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremated

24B. DATE

2-7-50

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

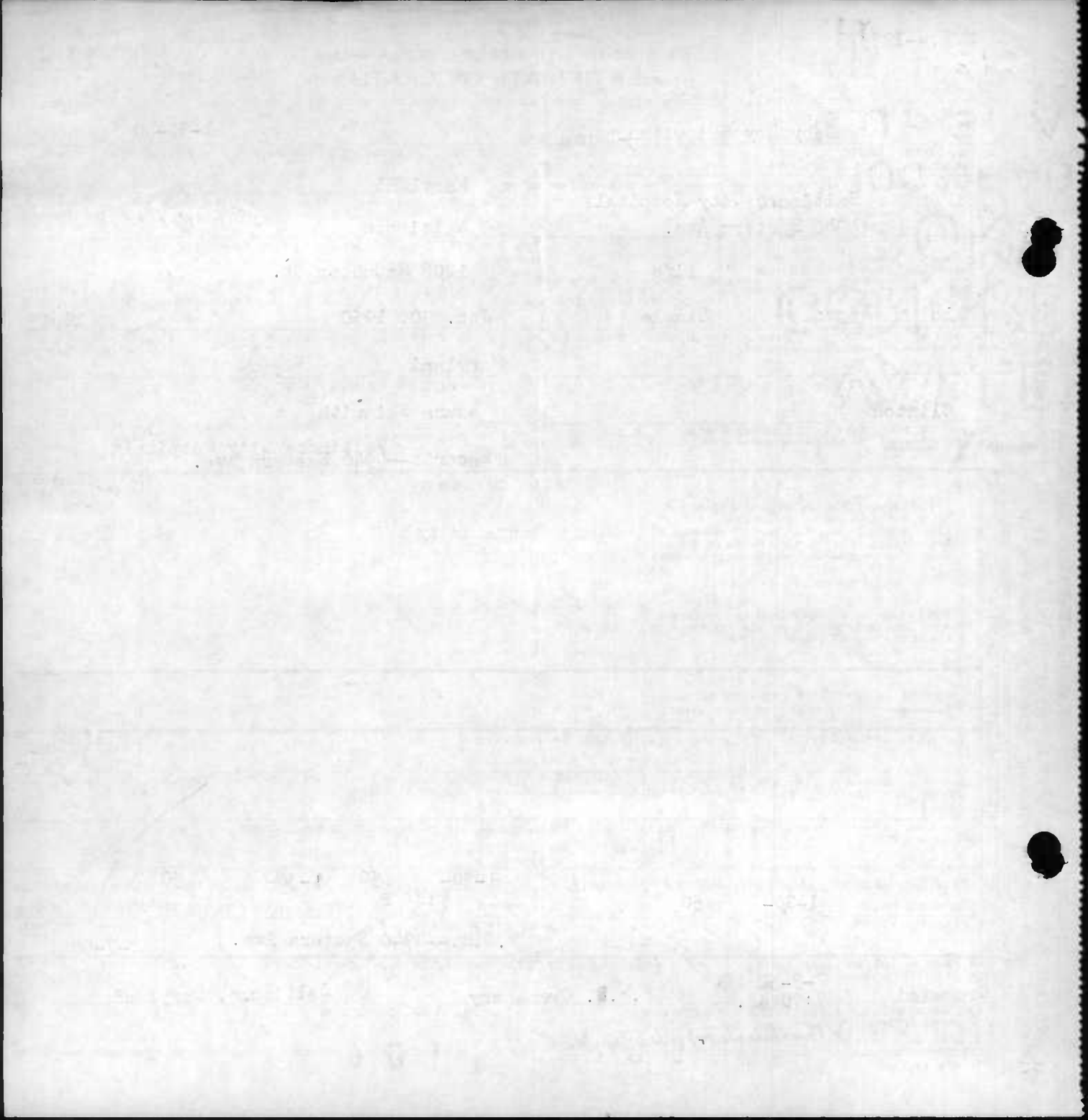
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston H. Williams

25. FUNERAL DIRECTOR

ADDRESS



M.S.--135327

B.C. 50-02034

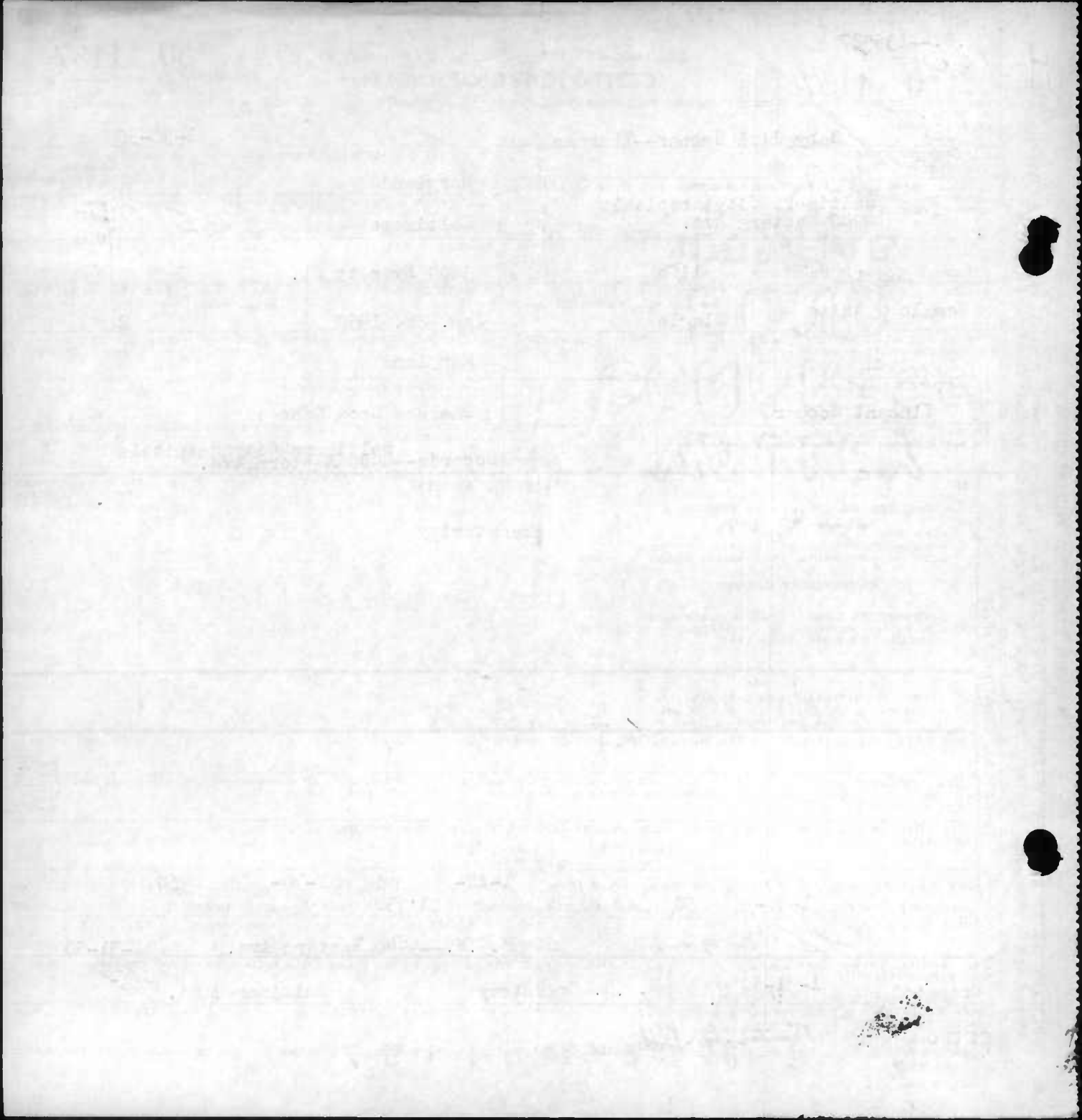
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1157

BIRTH NO. 50 1157

1. NAME OF DECEASED (Type or Print) Baby Girl Hooper--Theresa Rose			2. DATE OF DEATH 1-30-50		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Ave.			c. CITY OR TOWN (If outside corporate limits, write R. I. I. A. L. and give township) Baltimore 25-04		
c. Length of stay in Baltimore life			d. STREET ADDRESS (If rural, give location) 3609 Everett St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 28, 1950		9. AGE (In years last birthday) 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Vincent Hooper			14. MOTHER'S MAIDEN NAME Theresa Rose Ochs		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Baltimore City Hospitals Records--4940 Eastern Ave.		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-28- , 19 50 , to 1-30- , 19 50 that I last saw the deceased alive on 1-30- , 19 50 and that death occurred at 10:05 PM from the causes and on the date stated above.					
23a. SIGNATURE <i>P. D. Rogers</i>		23b. ADDRESS M. O. B.C.H.--4940 Eastern Ave.		23c. DATE SIGNED 1-31-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremated		24b. DATE 1-31-50 @ 9:00 am.		24c. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24d. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1950		REGISTRAR'S SIGNATURE <i>Thurston Hollingsworth</i>		1157	



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1158

50 1158

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Georgiana

Murray

2. DATE
OF
DEATH

Feb. 5, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2415 Hudson Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 6-1876 12-74

9. AGE (In years
last birthday)

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Murray

14. MOTHER'S MAIDEN NAME

Anna Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

ADDRESS

Georgiana Randall 213 N. ...

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

[Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....

23C. DATE SIGNED

MEDICAL INVESTIGATOR.....

Feb. 6, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 - 1950

[Signature]

[Signature]

VS 151

93D 1412 E Preston St ✓

11

CERTIFICATE OF DEATH

1. Name of Deceased	
2. Age	
3. Sex	
4. Date of Death	
5. Place of Death	
6. Cause of Death	
7. Signature of Physician	
8. Signature of Registrar	
9. Date of Registration	
10. Place of Registration	

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

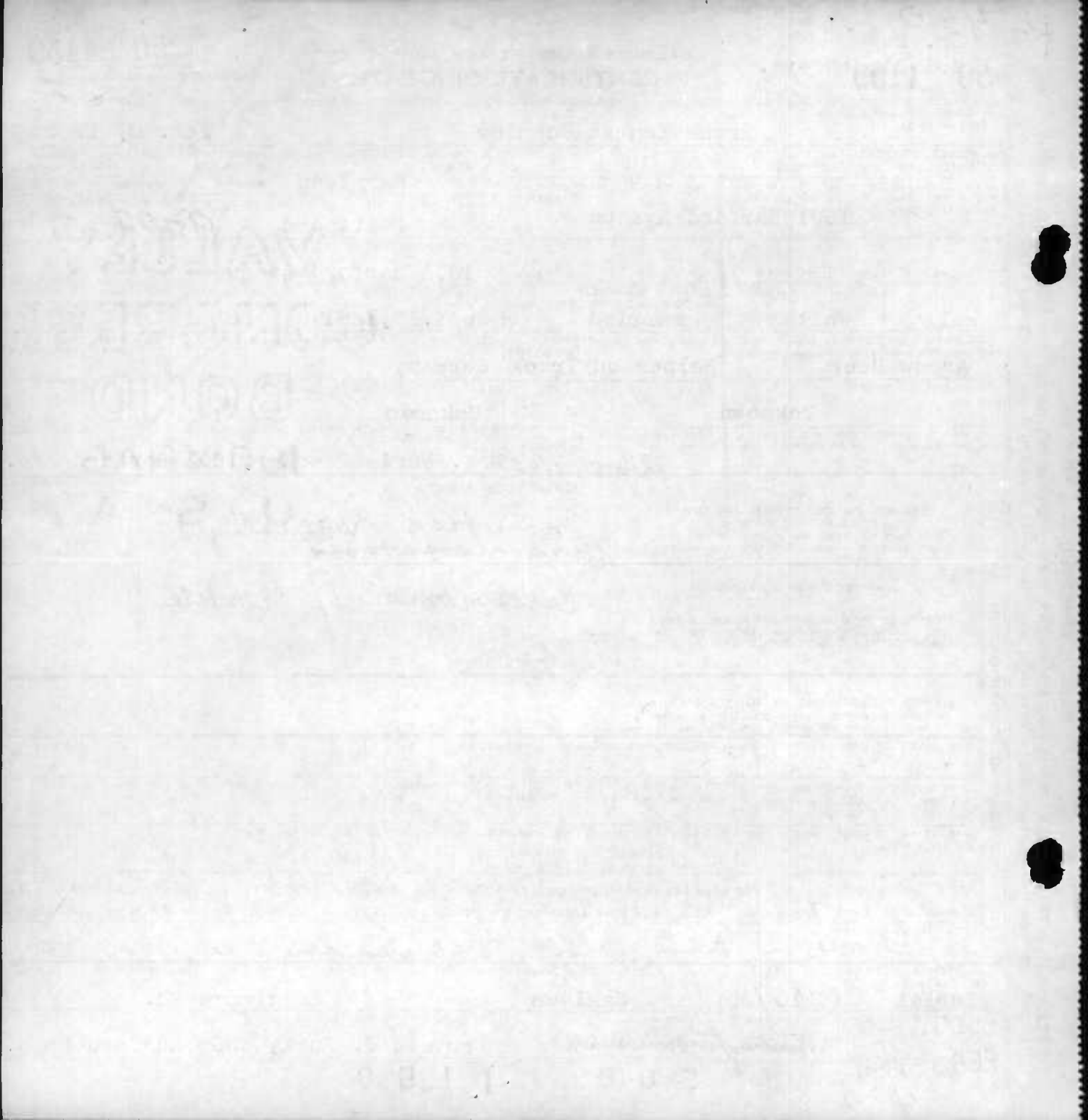
Baltimore City Health Department				50 1159	
Certificate of Death				Registered No.	
Dr. Ney 2401 Linden Ave. BIRTH NO. 50 1159				Frank Ernest Poehler	
1. NAME OF DECEASED (Type or Print)				2. DATE OF DEATH Feb. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1601 Harford Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-09	
c. Length of stay in Baltimore Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 1601 Harford Avenue	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 13, 1881	9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Arrow Beer		10B. KIND OF BUSINESS OR INDUSTRY Helper on Truck		11. BIRTHPLACE (State or foreign country) Germany	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 216-01-4745		17. INFORMANT ADDRESS Mrs. Marie Poehler, 1601 Harford Ave.	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				CAUSE OF DEATH (A) Inanition Generalized Carcinomatosis DUE TO (B) Carcinoma of Prostate DUE TO (C)	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 25, 1949, to Feb 4, 1950, that I last saw the deceased alive on Feb 4, 1950, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE George E. Ney		M. D.		23B. ADDRESS 2401 Linden Ave	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/10/50		24C. NAME OF CEMETERY OR CREMATORY Oaklawn	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck, 5305 Harford Road.	

FEB 9 - 1950

VS 150

432 X 8 5000001152

51B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1160

BIRTH NO. 1160

1. NAME OF DECEASED (Type or Print) WILLIAM F. BRANSBY			2. DATE OF DEATH Feb. 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1507 Marshall St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1507 Marshall St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 21, 1892	9. AGE (In years last birthday) 57	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Guard			10B. KIND OF BUSINESS OR INDUSTRY Maritime Guard Service - Baltimore, Md.		
11. BIRTHPLACE (State or foreign country) U. S. A.			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME JOHN H. BRANSBY			14. MOTHER'S MAIDEN NAME EMMA HIGDON (1507 Marshall St.)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO. (219-01-7581)		
17. INFORMANT MRS. DeLiLAH BRANSBY (Wife)			ADDRESS		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) DUE TO Carcinoma of throat and lower third of esophagus.					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic Heart Disease.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/10/1949 , to 2/8/1950 , that I last saw the deceased alive on 2/8/1950 , and that death occurred at 10:59 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. P. Friedman		23B. ADDRESS M. D. 1319 Liger St.		23C. DATE SIGNED 2/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE SAT., Feb. 11, 1950	24C. NAME OF CEMETERY OR CREMATORY Meadowridge Cemetery		24D. LOCATION (City, town, or county) (State) Howard County, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 9 - 1950	REGISTRAR'S SIGNATURE Thurston Williams, M.D.	25. FUNERAL DIRECTOR P. Howard Evans 14005 Charles St., Baltimore 30, Md.			

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1161

BIRTH NO. 1161

1. NAME OF DECEASED (Type or Print) (JACK) JAKE BARKER (djm)			2. DATE OF DEATH February 3, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. RESIDENTIAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 697 W. Mulberry Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 9/19/	9. AGE (In years last birthday) 60	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Laborer			11. BIRTHPLACE (State or foreign country) Balto. City		
10B. KIND OF BUSINESS OR INDUSTRY With Plumbers			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Elizabeth Barker			14. MOTHER'S MAIDEN NAME Mammie Barker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no W			16. SOCIAL SECURITY NO. Raymond Barker 7207, Shadston St		

18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of prostate				DUE TO	
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Earl L. Ryan		23B. CHIEF MEDICAL EXAMINER M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 2-3-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-9-50		24C. NAME OF CEMETERY OR CREMATORY Brooklyn Md	
24D. LOCATION (City, town, or county) (State) Brooklyn Md		24E. FUNERAL DIRECTOR Choy D. Williams 1041 Beatty		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRY FEB 9 - 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Choy D. Williams 1041 Beatty	

STATE OF NEW YORK

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 15/ Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emil Krebs

2. DATE
OF
DEATH

2/7/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

321 E. Hamburg Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. City

D. STREET ADDRESS (If rural, give location)

321 E. Hamburg St.

c. Length of stay in Baltimore

52 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

10/18/1873

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

Drug Business

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Amelia Krebs (wife) 321 E. Hamburg St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the stomach

DUE TO

2 years
3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/25/, 1947 to 2/7/50, 19__, that I last saw the
deceased alive on 2/7/50 19__, and that death occurred at 11 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Harry Leibel

23B. ADDRESS

1226 Hanover St.

23C. DATE SIGNED

2/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/10/1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 9 - 1950

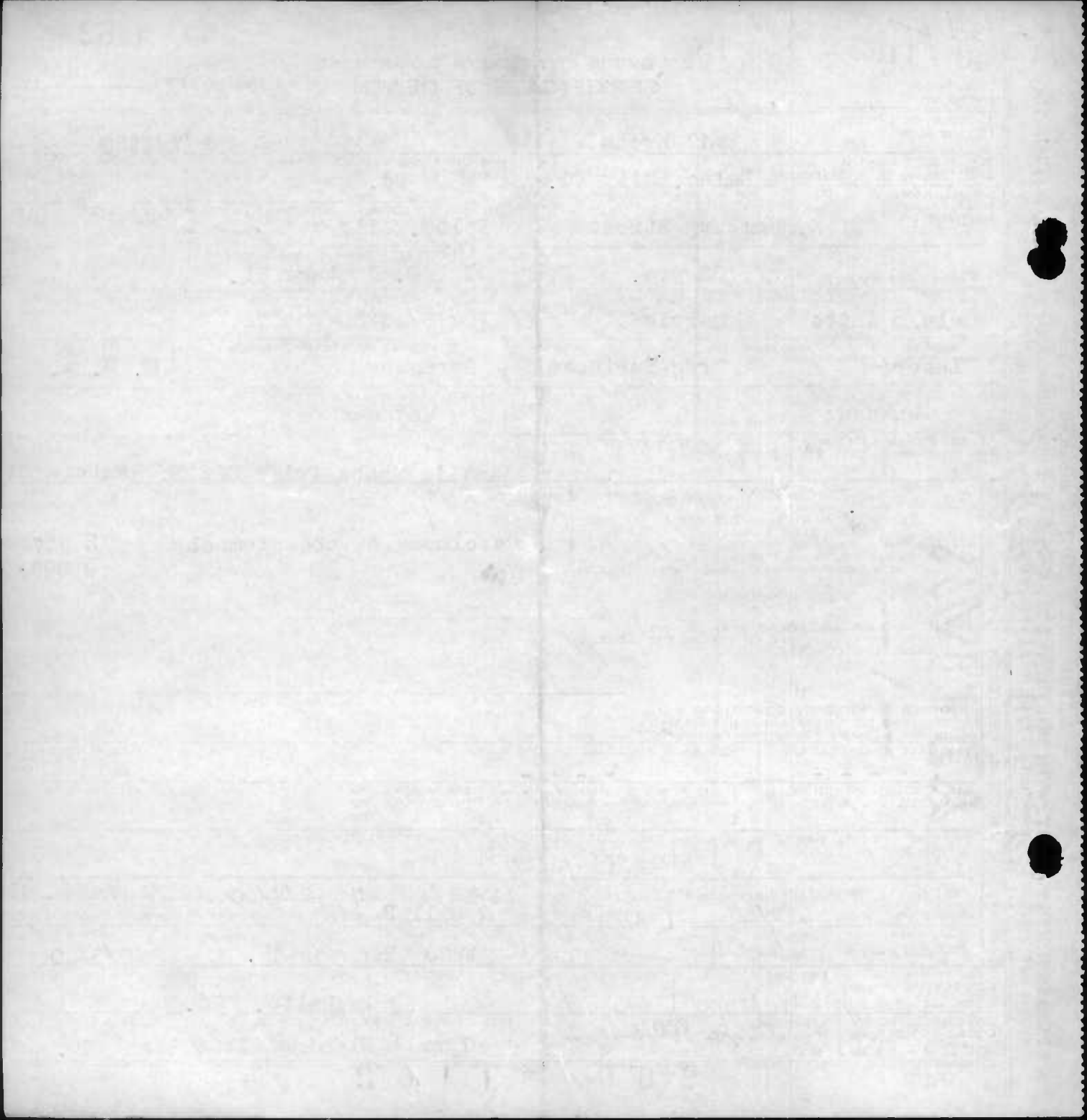
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Flynn & Fleming 1426 Light St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Doxzen, Sr.

2. DATE
OF
DEATH

Feb. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

410 E. 28th. St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

410 E. 28th. St.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widower

8. DATE OF BIRTH

unknown

9. AGE (In years
last birthday)

about 73

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Stationary Engineer, Hospital

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Dan. Doxzen.

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
none

17. INFORMANT

ADDRESS

Mary Doxzen, 410 E. 28th. St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 2/1/1950, 19, to 2/8, 1950, that I last saw the
deceased alive on 2/8, 1950, and that death occurred at 2:05 A.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

burial

2/11/50

Cathedral Cem.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 9 - 1950

Huntington Williams, M.D.

K. Vernon Lemmon

4611 Park Heights Ave.

WILLIAM H. HARRIS, M.D.

COMMISSIONER

OF HEALTH

NEW YORK

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1164

BIRTH NO. 50 1164 4-94263

1. NAME OF DECEASED (Type or Print) <i>John L Bookhult Jr</i>		2. DATE OF DEATH FEB 8 - 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-01</i>	
c. Length of stay in Baltimore <i>2 1/2</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>11508 Decker Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>7-16-47</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>2</i> Months <i>6</i> Days
11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>John L Bookhult</i>		14. MOTHER'S MAIDEN NAME <i>Eleanor Borkowicz</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Neuroblastoma</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>8 mos.</i>	
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>NEUROBLASTOMA</i> DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-2-1950</i> to <i>2-8-1950</i> , that I last saw the deceased alive on <i>2-8-1950</i> , and that death occurred at <i>3:50 a.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Wm H. Zuckerman</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>2/8/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 10 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	24D. LOCATION (City, town, or county) (State) <i>Dundalk Ave Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 9 - 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John J. Suda Inc 2829 Hudson St.</i>	

[Faint, mostly illegible handwritten text, likely bleed-through from the reverse side of the page. The text appears to be organized into sections, possibly corresponding to different districts or types of health reports.]



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-600

50 1165

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

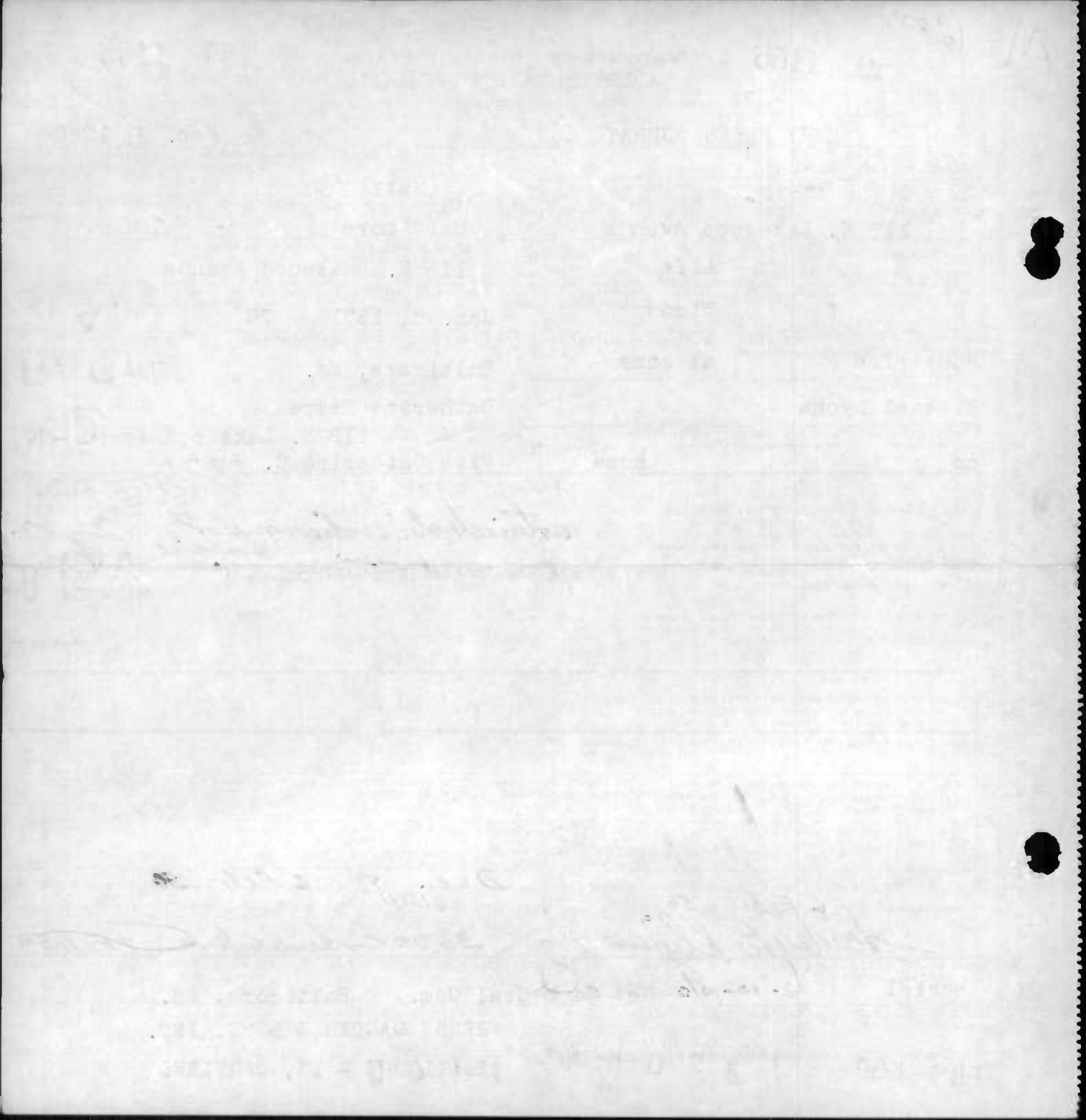
50 1165
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) MARY ELLEN MURRAY	
2. DATE OF DEATH Feb. 6, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) 115 N. Lakewood Avenue	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 115 N. Lakewood Avenue	
8. Length of stay in Baltimore Life	
9. SEX F	
10. COLOR OR RACE W	
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	
12. DATE OF BIRTH Jan. 3, 1871	
13. AGE (In years last birthday) 79	
14. Under 1 Year Months Days	
15. Under 24 Hours Hours Min.	
16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
17. KIND OF BUSINESS OR INDUSTRY at home	
18. BIRTHPLACE (State or foreign country) Baltimore, Md.	
19. CITIZEN OF WHAT COUNTRY? USA	
20. FATHER'S NAME Michael Lyons	
21. MOTHER'S MAIDEN NAME Catherine Beere	
22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no	
23. SOCIAL SECURITY NO. none	
24. INFORMANT 115 N. Lakewood Avenue -34 Miss Catherine C. Murray	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) arteriosclerotic cardiovascular disease generalized arteriosclerosis DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
27. TIME (Month) (Day) (Year) (Hour) OF INJURY	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Dec. 1949 to 6 Feb. 1950 , that I last saw the deceased alive on 6 Feb. 1950 and that death, occurred at 6:50 p.m. , from the causes and on the date stated above.	
31. SIGNATURE Stanley B. Klyanowicz	
32. ADDRESS 3300 Erdman Ave	
33. DATE SIGNED 7 Feb 50	
34. BURIAL, CREMATION, REMOVAL (Specify) burial	
35. DATE 2-10-50	
36. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
37. LOCATION (City, town, or county) (State) Baltimore, Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR	
39. REGISTRAR'S SIGNATURE Antington Williams, M.D.	
40. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.	
41. ADDRESS	

FEB 9 1950

BALTIMORE - 13, MARYLAND

93D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1166

BIRTH NO.

BURNHAM

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1166

1. NAME OF DECEASED (Type or Print) Caroline P. Burnham			2. DATE OF DEATH Feb. 9, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City		
5. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore 30 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1006 Overbrook Road #12		
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-23-1890	9. AGE (In years last birthday) 59	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William P. Stein		14. MOTHER'S MAIDEN NAME Annice Grubelino		17. INFORMANT Kenneth D. Burnham Jr.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		1006 Overbrook Rd	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebro-vascular accident DUE TO (B) Arteriosclerotic and Hypertensive cardiovascular disease DUE TO (C) Diabetes mellitus OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ① Acidosis and congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH 4-5 days several years several years terminal over 1 year		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/5 , 1950, to 2/9 , 1950, that I last saw the deceased alive on 2/9 , 1950, and that death occurred at 9:05 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Marguerite Louisa Candler		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 2/9/50	
24A. (BURIAL) CREMATION, REMOVAL (Specify)		24B. DATE 2/11/50		24C. NAME OF CEMETERY OR CREMATORY Prophet Hill	
24D. LOCATION (City, town, or county) Johnson		24E. LOCATION (City, town, or county) Mc		24F. LOCATION (City, town, or county) 1217 St Paul St	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. C. McPherson	
VS 150		500001166		61	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **50 1167**

50 1167

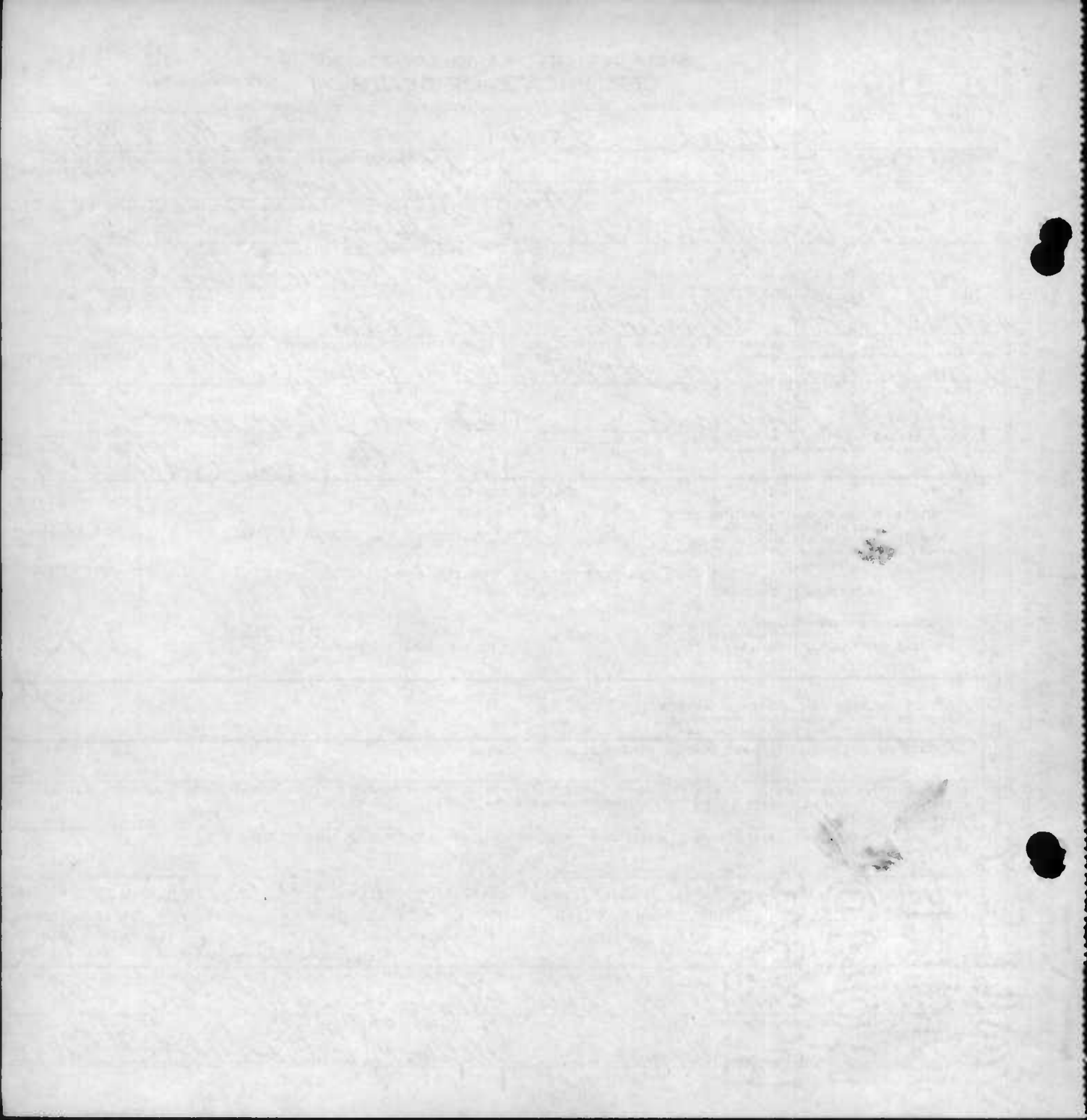
1. NAME OF DECEASED (Type or Print) Carrie Hood		2. DATE OF DEATH Feb. 8, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2705 Annapolis Rd		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-023	
c. Length of stay in Baltimore Yrs. 00 Mos. 00 Days 00		D. STREET ADDRESS (If rural, give location) 2705 Annapolis Rd	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 2, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 77
11. BIRTHPLACE (State or foreign country) Linne Brundage Md		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Richard Lowman		14. MOTHER'S MAIDEN NAME Caroline Hammond	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 281974101	
17. INFORMANT Carrie J. Kegan		ADDRESS 281974101	

18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Crown Thrombosis (A) Crown Thrombosis DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. none		INTERVAL BETWEEN ONSET AND DEATH 1 day
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Phlebotomy (B) Phlebotomy DUE TO (C) Phlebotomy		2 years

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1947 to Feb. 8, 1950 that I last saw the deceased alive on Feb 8, 1950 and that death occurred at 5A.m. , from the causes and on the date stated above.					
23A. SIGNATURE Paul Schuber		23B. ADDRESS 2801 Annapolis Rd		23C. DATE SIGNED 2/8/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/11/50		24C. NAME OF CEMETERY OR CREMATORY Nichols Memorial	
24D. LOCATION (City, town, or county) Adenton		24E. LOCATION (City, town, or county) Adenton		24F. LOCATION (City, town, or county) Adenton	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Belmont	
VS 150		1167		61	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



F 520
50 1168BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH443 50 1168
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha D. Ewing

2. DATE
OF
DEATH

2/8/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

27 N. Carey st

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

Balto

18-02

D. STREET ADDRESS (If rural, give location)

27 N. Carey st.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

3/15/1880

9. AGE (in years
last birthday)

64

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

Lashorne

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nelson J. Ewing 1212 Maple Ave
Arbatho

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive cardio-vascular
disease (artery)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1948, to 8 Feb, 1950, that I last saw the
deceased alive on 8 Feb, 1950, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Emil W. Hennig Jr.

M. D.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

9 Feb 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

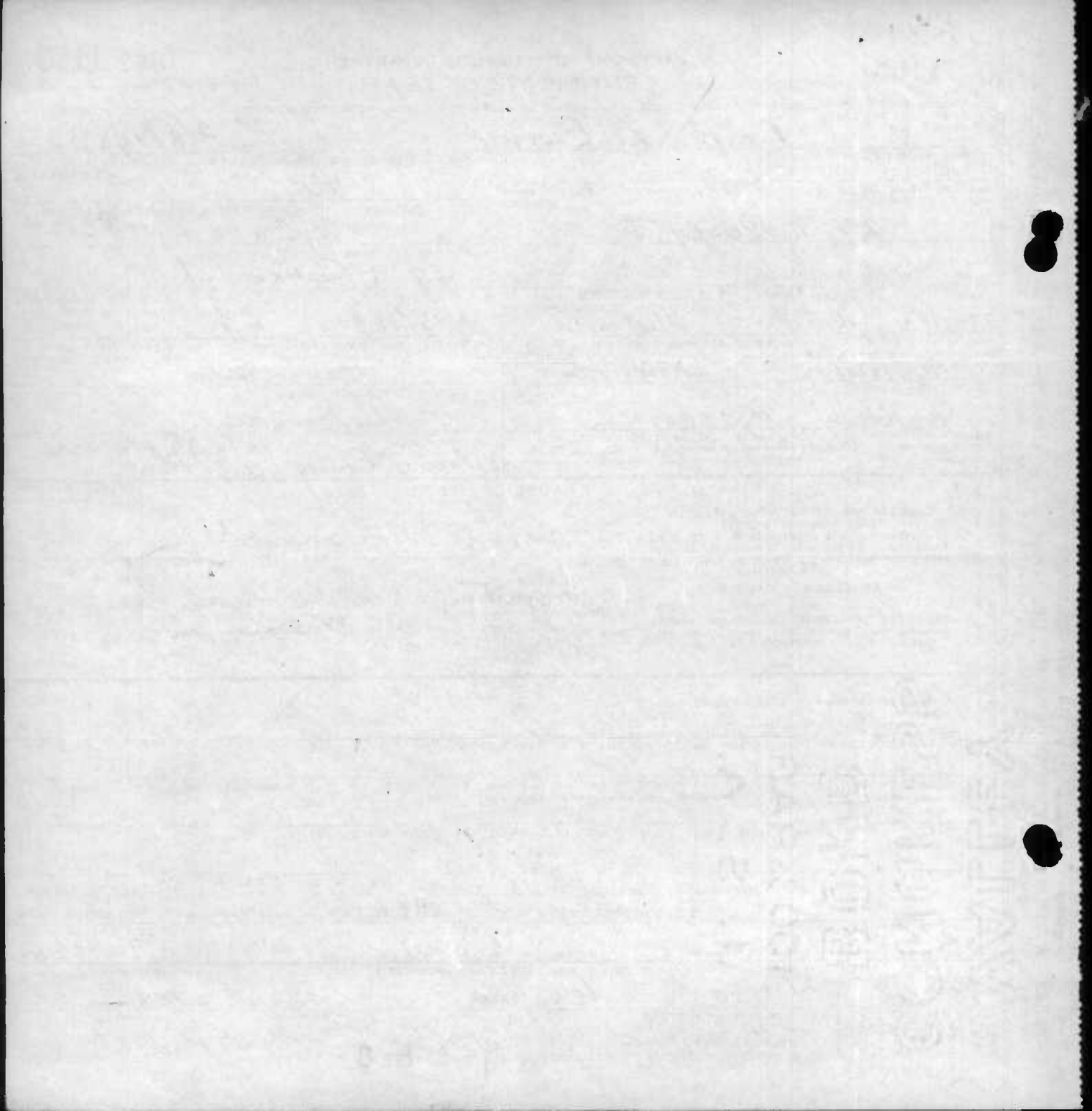
Wm. Bock Inc 1217 St. Paul st.

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



CERTIFICATE CORRECTED 2/10/50

S-536

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1169

BIRTH NO.

50 1169

1. NAME OF DECEASED
(Type or Print)

Herwald Saunders

2. DATE
OF
DEATH

Feb. 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-078

D. STREET ADDRESS (If rural, give location)

2803 Gwynnards Pkwy

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

9. AGE (In years last birthday)

11. Under 1 Year Months: Days

13. FATHER'S NAME

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

CAUSE TO

Essential hypertension

2 YEARS

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

FEB 8, 1950

THORACO-LUMBAR SYMPATHECTOMY

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1/30*, 19*50*, to *2/8*, 19*50*, that I last saw the deceased alive on *2/8*, 19*50*, and that death occurred at *2:58 P.* m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Robert E. Gue M. O.

JOHNS HOPKINS HOSPITAL

FEB 8, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/11/50

Meadow Ridge

Dorsey Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Thurston Williams

Wm Cook Inc. 1217 St. Paul St.

VS 150

326 91

102

MARGIN RESERVED FOR BUILDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1. Name of deceased

2. Date of death

3. Place of death

4. Cause of death

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1170

BIRTH NO. 50-01377

1. NAME OF DECEASED
(Type or Print)

MICHAEL ANTHONY WALSTON

2. DATE
OF
DEATH

JAN 29, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 13-01

D. STREET ADDRESS (If rural, give location)

2433 MADISON AVE

c. Length of stay in Baltimore

11

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

JAN 18, 1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Billy ROBERTS

14. MOTHER'S MAIDEN NAME

PEGGY WALSTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MOTHER 2433 MAD. AVE, BALT.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

BRONCHOPNEUMONIA

4 DAYS

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURITY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from JAN 18 1950, to JAN 29, 1950, that I last saw the
deceased alive on JAN 28, 1950, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Aubrey

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

JAN 31, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 8 - 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

1930

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1171

Registered No.

BIRTH NO. 50-02199

1. NAME OF DECEASED
(Type or Print)

Baby Girl Walker

2. DATE
OF
DEATH

Jan 31, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

38 University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

301 Key Ave

c. Length of stay in Baltimore

14 hrs

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Newborn

8. DATE OF BIRTH

Jan 30, 1950

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Carter

14. MOTHER'S MAIDEN NAME

Nagge Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mother

301 Key Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Intrauterine hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Birth Injury

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Difficult Fetal Delivery

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK22. I hereby certify that I attended the deceased from 30 Jan, 1950, to 31 Jan, 1950, that I last saw the
deceased alive on 31 Jan, 1950, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Raymond B. Baggan

23B. ADDRESS

M.O. Univ. Hosp. Baltimore, Md

23C. DATE SIGNED

2/3/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL FEB 8 - 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

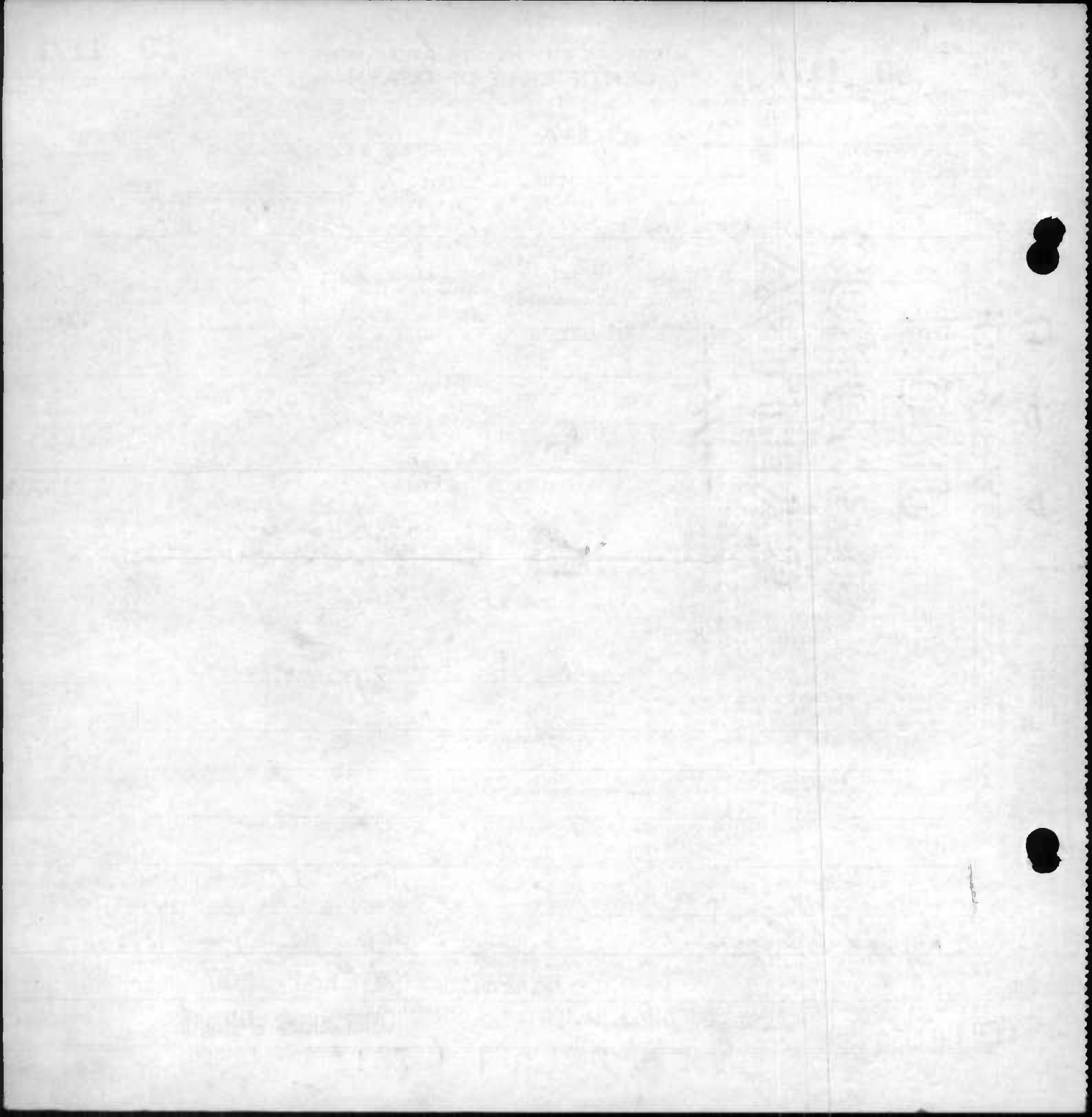
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

FEB 10 1950



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMOS

CEALY

2. DATE
OF
DEATH

February 4, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

766 W. Lexington Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

766 W. Lexington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

UNKNOWN

8. DATE OF BIRTH

UNKNOWN

9. AGE (In years
last birthday)

75 ?

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

K

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

N

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
m. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-5-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTER

1950

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

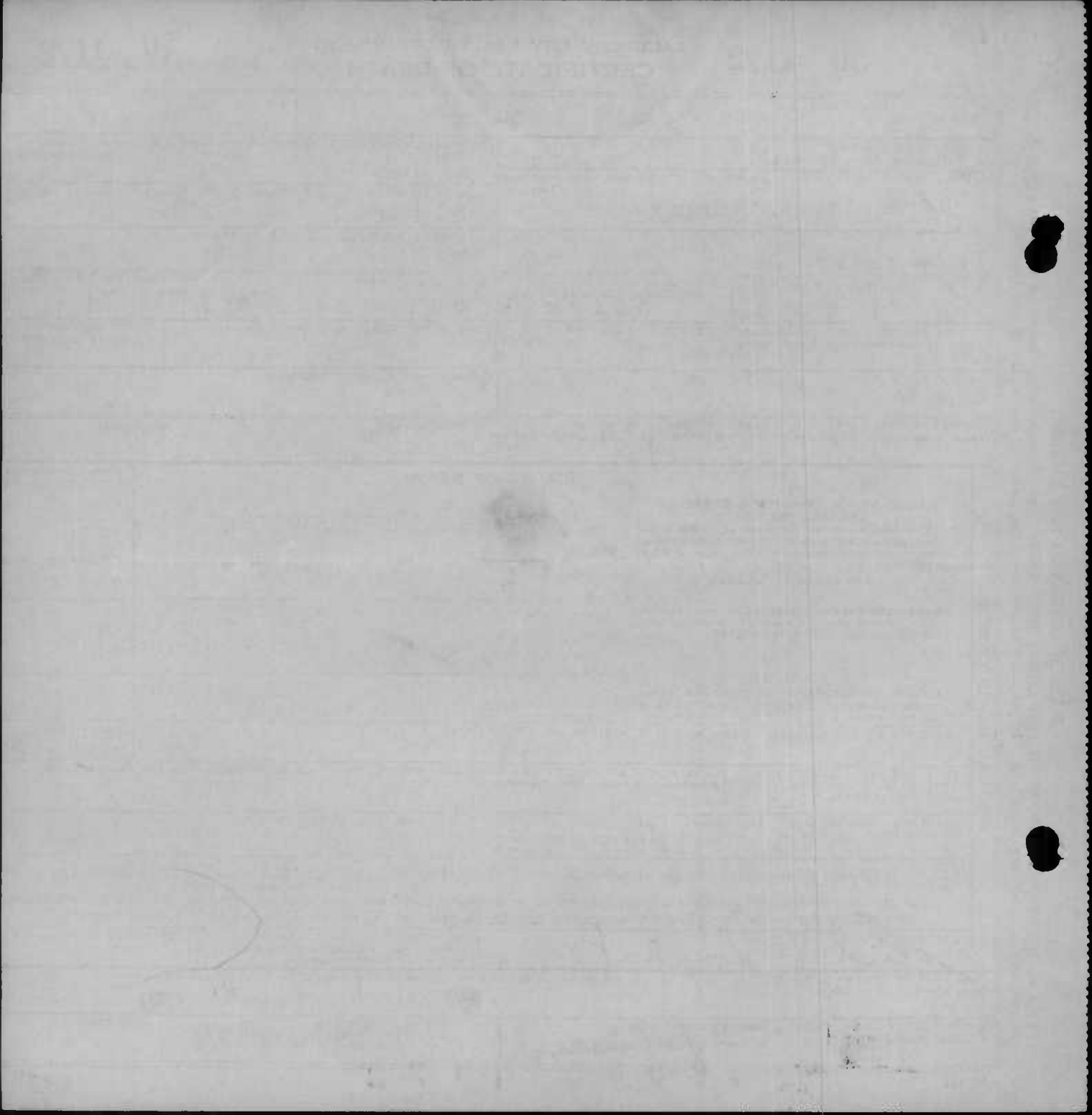
Commissioner of Health

ADDRESS

VS 151

UNIVERSITY MICHIGAN SCHOOL FEB 9 - 1950

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1173

BIRTH NO. 50 1173

1. NAME OF DECEASED
(Type or Print)

Mabel

Smith

2. DATE
OF
DEATH

Feb. 1, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

4 S. Amity St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

12-15-49

9. AGE (In years
last birthday)

7 weeks

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

K

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

O

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

N

17. INFORMANT

N

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Miliary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 1, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

UNIVERSITY MEDICAL SCHOOL FEB 9 - 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

TB Dept has card 00162

record shows pulmonary

M.S.--44170

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

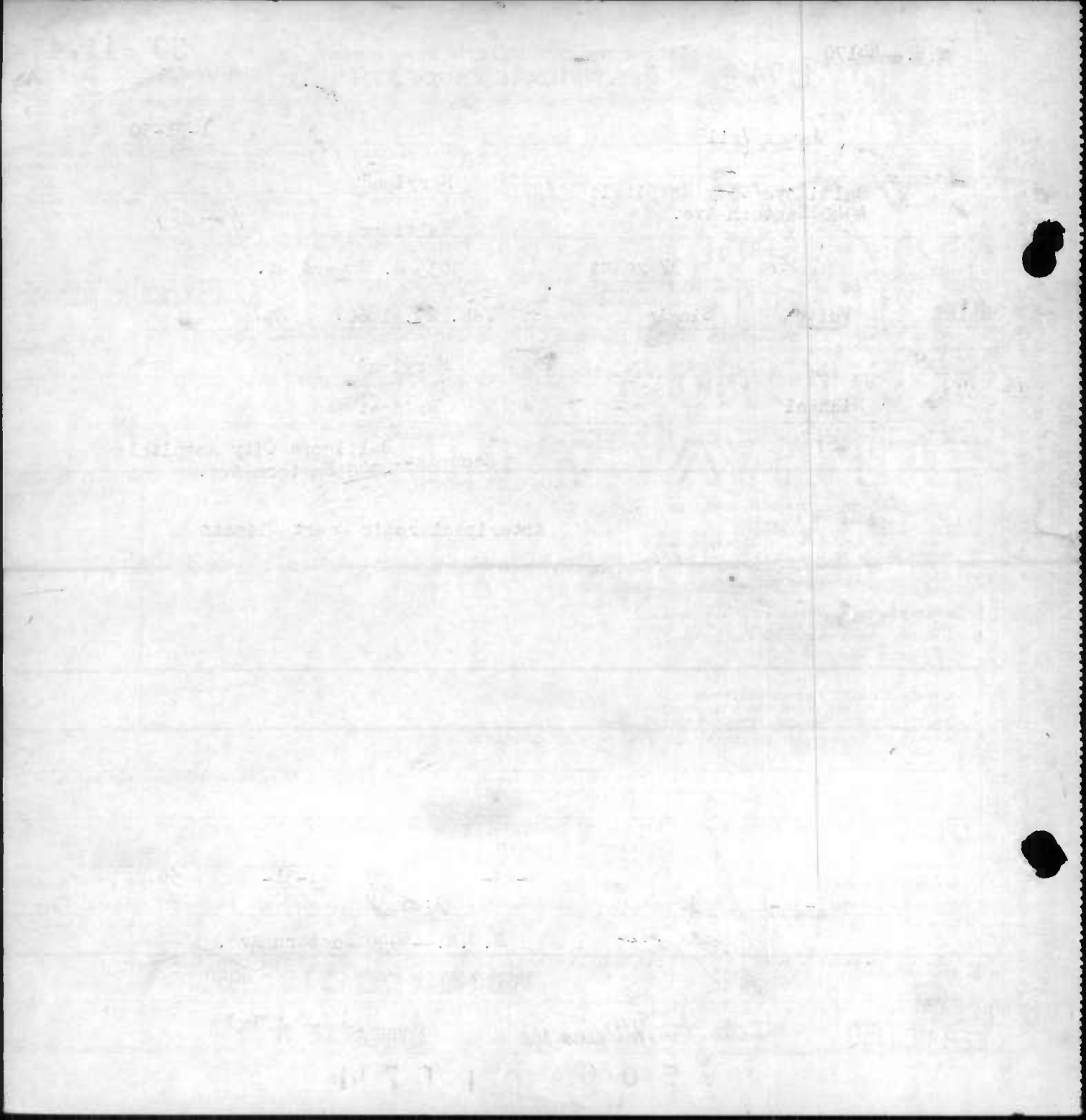
50 1174

50 1174

1. NAME OF DECEASED (Type or Print) James Vail			2. DATE OF DEATH 1-31-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 37 years			D. STREET ADDRESS (If rural, give location) 3035 N. Howard St. 335 N Calvert		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 29, 1860?	9. AGE (In years last birthday) 89?	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Michael			14. MOTHER'S MAIDEN NAME Bridget		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO:		
17. INFORMANT Records--			ADDRESS Baltimore City Hospitals 4940 Eastern Ave.		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-25- , 19 39 , to 1-31- , 19 50 , that I last saw the deceased alive on 1-31- , 19 50 , and that death occurred at 9:45 AM from the causes and on the date stated above.					
23A. SIGNATURE <i>G. S. [Signature]</i>			23B. ADDRESS B.C.H.--4940 Eastern Ave.		23C. DATE SIGNED
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Commissioner of Health	

VS 150

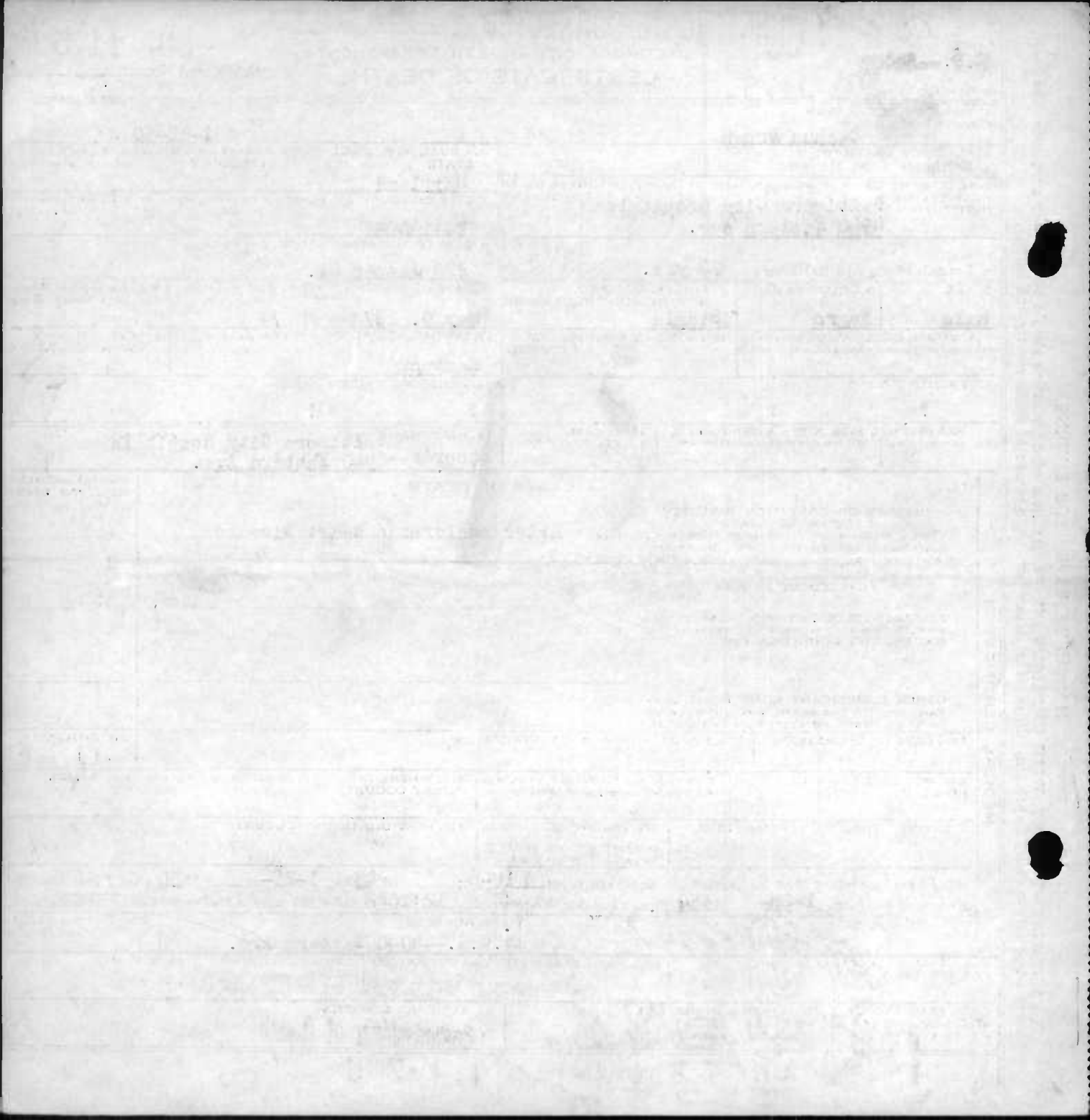
9500001174 937



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650		CERTIFICATE CORRECTED 8-22-50		BALTIMORE CITY HEALTH DEPARTMENT		50 1175	
M.S.--84207		BIRTH NO. 50 1175		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) Cashus Brown				2. DATE OF DEATH 1-28-50			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore			
c. Length of stay in Baltimore 74 yrs.				D. STREET ADDRESS (If rural, give location) 223 Jasper St.			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 9, 1870		9. AGE (In years last birthday) 79	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?				14. MOTHER'S MAIDEN NAME ?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records--4940 Eastern Ave.	
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Heart Disease DUE TO							
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO							
(C)							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-6- , 19 43 to 1-28- , 19 50 , that I last saw the deceased alive on 1-28- , 19 50 , and that death occurred at 12:10 PM , 12:00 noon , from the causes and on the date stated above.							
23A. SIGNATURE J. S. Rogers				23B. ADDRESS B.C.H.--4940 Eastern Ave.		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		UNIVERSITY MEDICAL SCHOOL FEB 9 - 1950		25. FUNERAL DIRECTOR Commissioner of Health	
VS 150		1950 000001175		93D			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

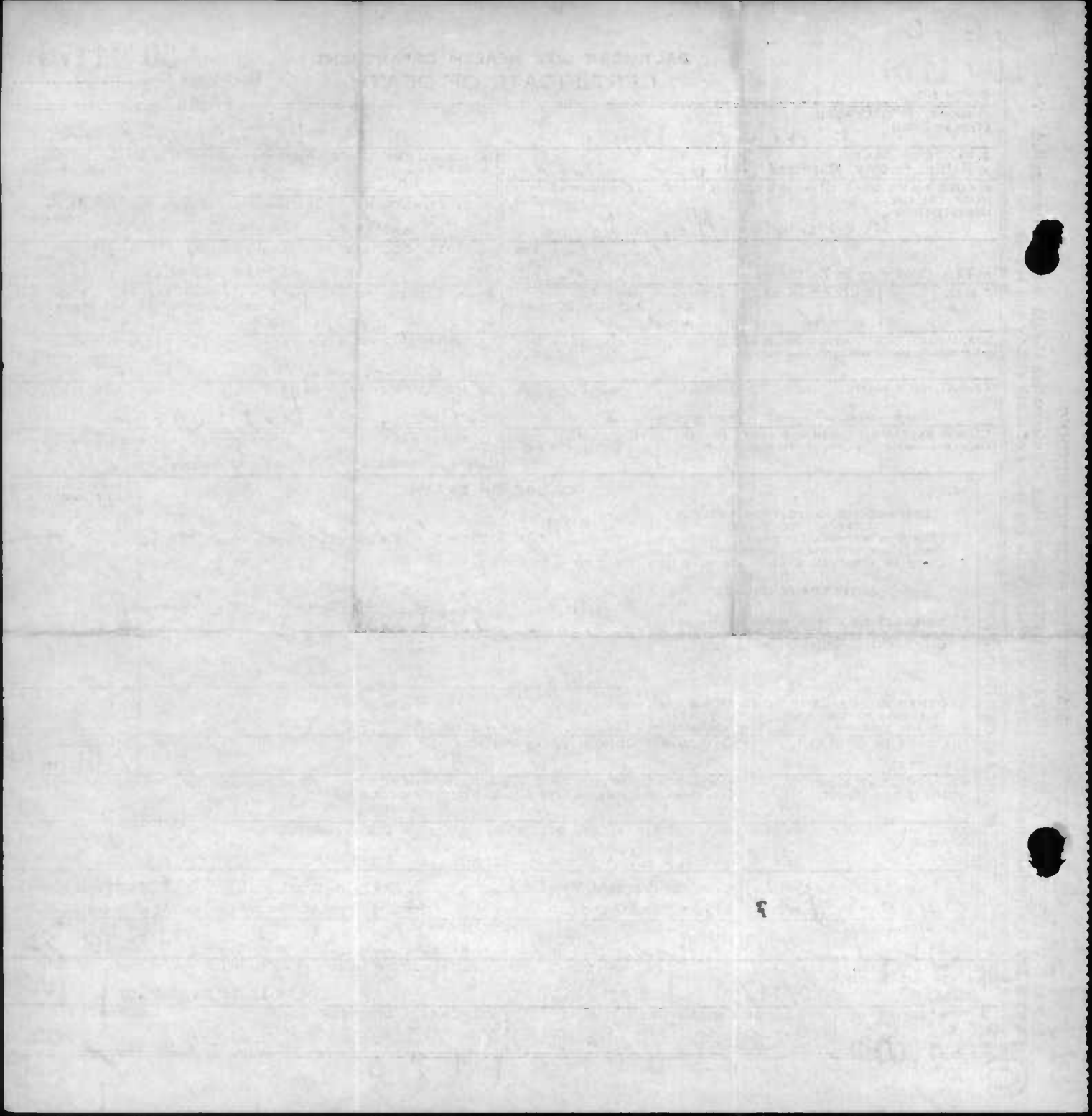
D-650
50 1176

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

DORAN

Registered No. 50 1176

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Florence Doran</i>		2. DATE OF DEATH <i>4/20.1</i> <i>Feb 8, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mercy Hosp</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mercy Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Hyde</i>			
c. Length of stay in Baltimore <i>5</i> Yrs. <i>5</i> Mos. <i>5</i> Days		D. STREET ADDRESS (If rural, give location) <i>Long Green, Md.</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>	8. DATE OF BIRTH <i>May 2, 1871</i>	9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>William J. Lookingbill</i> <i>Patrick Doran</i>		14. MOTHER'S MAIDEN NAME <i>Annie Hoffacker</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Rev. Leonard Doran, Long Green, Md.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Myocardial infarction acute 30 min</i> DUE TO (B) <i>Coronary Arteriosclerosis</i> DUE TO (C) _____			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Feb 2, 1950</i> , to <i>Feb 7, 1950</i> , that I last saw the deceased alive on <i>Feb 7, 1950</i> , and that death occurred at <i>9:30</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>C. Richard Fravel</i> M. D.		23B. ADDRESS <i>Mercy Hosp</i>		23C. DATE SIGNED <i>2/8/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/11/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 10 1950</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>W. W. Meade and Son</i>		ADDRESS <i>805 N. Calvert St.</i>	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1177
Registered No. 50 1177

BIRTH NO. 50 1177

1. NAME OF DECEASED (Type or Print) Lawrence W. Clifford			2. DATE OF DEATH Feb 9 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 4700 Liberty Hgts Ave			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-01		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 4700 Liberty Heights Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 22 1890	9. AGE (In years last birthday) 60	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			11. BIRTHPLACE (State or foreign country) Baltimore Md		
10B. KIND OF BUSINESS OR INDUSTRY Real Estate			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Charles K. Clifford			14. MOTHER'S MAIDEN NAME Mary V. Dobson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Anna C. Clifford 4700 Liberty Hgts Ave	

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			(A) Coronary Occlusion DUE TO Unknown (B) 134 Permission Examiner DUE TO Chief medical Examiner (C)
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1946</u> , 19 <u> </u> , to <u>Feb 9</u> , 19 <u>50</u> that I last saw the deceased alive on <u>Jan 16</u> , 19 <u>50</u> . and that death occurred at <u>10 A.</u> m., from the causes and on the date stated above.			
23A. SIGNATURE C. B. Busor		23B. ADDRESS 7201 York Rd.	23C. DATE SIGNED 2-9-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Jan 13 1950	24C. NAME OF CEMETERY OR CREMATORY Parkwood	24D. LOCATION (City, town, or county) (State) Parkville Md
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Wm. H. Williams	25. FUNERAL DIRECTOR ADDRESS 4204 Ridgewood Ave

VS 150

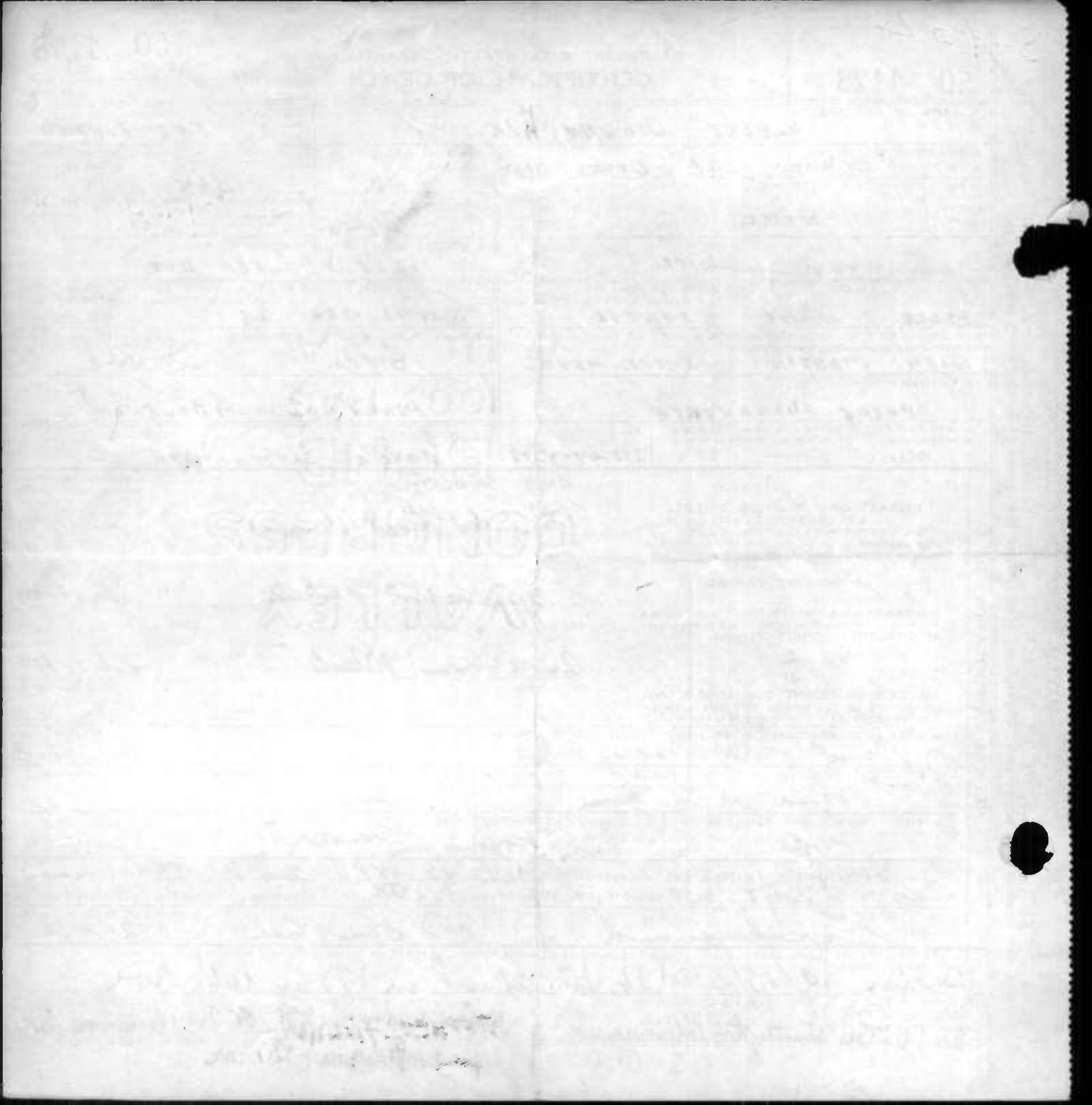
27681

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C12500V
7201 York Rd
493680 Hgt



M-625
50 1179BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH420.1 50 1179
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MILLARD N. MORRISON

2. DATE OF DEATH
February 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

600 N. Highland Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-10

C. Length of stay in Baltimore

45 years

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
600 N. Highland Avenue5. SEX
M6. COLOR OR RACE
W7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married8. DATE OF BIRTH
8-27-18859. AGE (In years last birthday) Months Days Hours Min.
64

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Grocerman

10B. KIND OF BUSINESS OR INDUSTRY

Grocery Store-seller

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

----- Morrison

14. MOTHER'S MAIDEN NAME

Alice O'Dell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL SECURITY NO.
None17. INFORMANT ADDRESS
Mrs. Cora D. Dixon, 600 N. Highland Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

6 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED
2-9-50

24. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of coroner		11. Signature of justice of the peace		12. Signature of health officer	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery		16. Signature of burial place	
17. Signature of interment		18. Signature of burial		19. Signature of burial		20. Signature of burial	
21. Signature of burial		22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial		28. Signature of burial	
29. Signature of burial		30. Signature of burial		31. Signature of burial		32. Signature of burial	
33. Signature of burial		34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial		40. Signature of burial	
41. Signature of burial		42. Signature of burial		43. Signature of burial		44. Signature of burial	
45. Signature of burial		46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial		52. Signature of burial	
53. Signature of burial		54. Signature of burial		55. Signature of burial		56. Signature of burial	
57. Signature of burial		58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial		64. Signature of burial	
65. Signature of burial		66. Signature of burial		67. Signature of burial		68. Signature of burial	
69. Signature of burial		70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial		76. Signature of burial	
77. Signature of burial		78. Signature of burial		79. Signature of burial		80. Signature of burial	
81. Signature of burial		82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial		88. Signature of burial	
89. Signature of burial		90. Signature of burial		91. Signature of burial		92. Signature of burial	
93. Signature of burial		94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial		100. Signature of burial	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1180
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL

H.

Mueller

2. DATE
OF DEATH February 6, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

213 N. Fulton Avenue

c. Length of stay in Baltimore

50yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 14, 1884

9. AGE (In years last birthday)

65

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Mill Worker

10B. KIND OF BUSINESS OR INDUSTRY

Eastern Iron & Steel

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

-----Mueller

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

218-10-2163

17. INFORMANT

ADDRESS

Mrs. Elsie Shipley, 2430 Jefferson St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. J. Shipley

M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23c. DATE SIGNED

2-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

February 10/50 Mt. Carmel Cem.

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

2024 Orleans St.

FEB 10 1950

*Philip S. Shipley**Philip S. Shipley*

VS 151

39830

94a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 49-12005

1. NAME OF DECEASED
(Type or Print)

Betty Wallace

2. DATE
OF
DEATH

2-7-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN

Baltimore

O. STREET ADDRESS (If rural, give location)

1101 N. Mount St.

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 6, 1948

9. AGE (in years
last birthday)

1

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Best

14. MOTHER'S MAIDEN NAME

Willie Wallace

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B. C. H.--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY
DR. W. Helfrich per
R. S. Fisher M. D.
CHIEF OR ASST. MEDICAL EXAMINERII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Congenital atresia of the bile ducts,
Pericarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-17-1948 to 2-7-1950 that I last saw the
deceased alive on 2-7-1950 and that death occurred at D. O. A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

B. C. H.--4940 Eastern Ave.

2-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

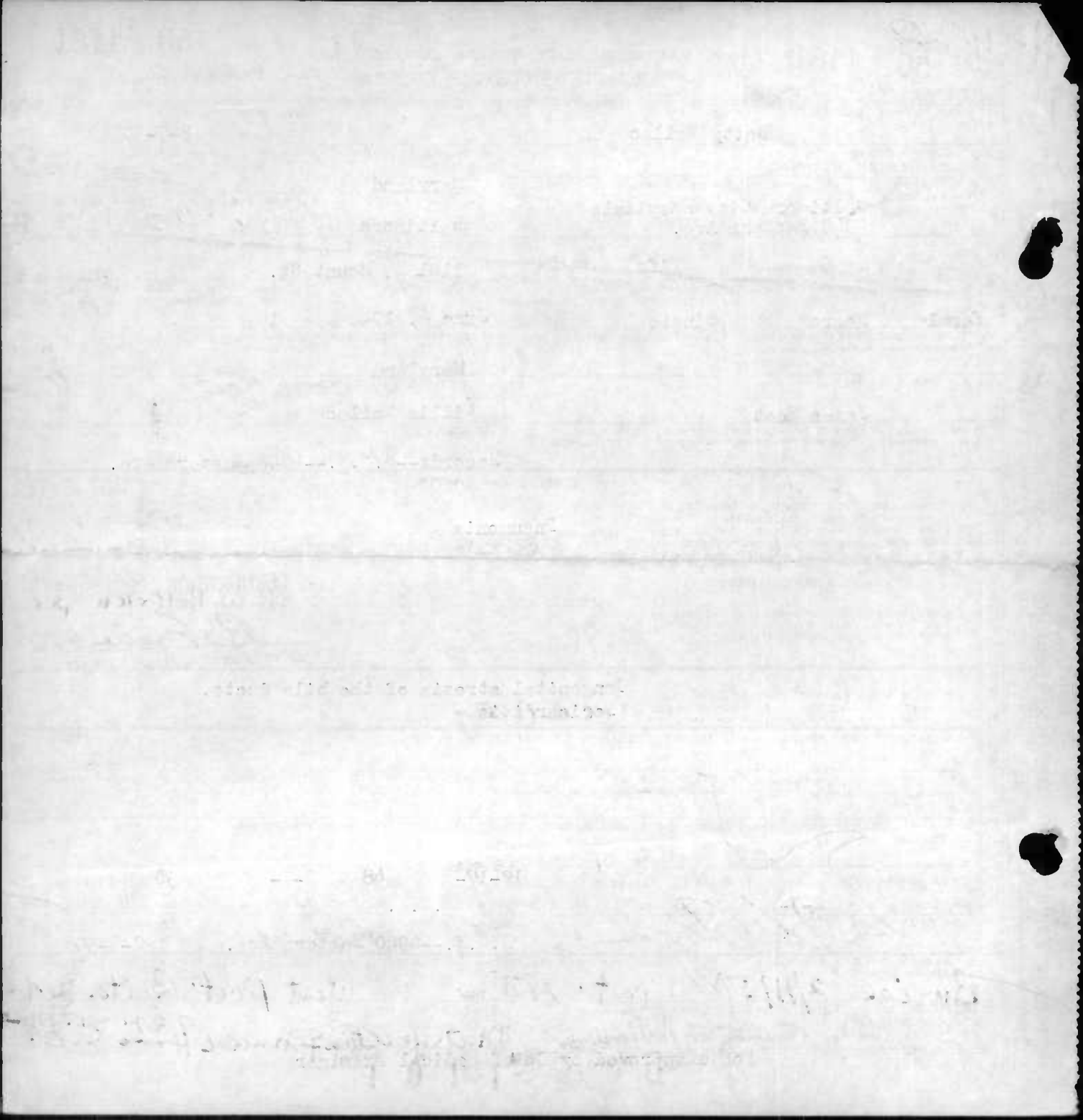
25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Huntington Williams, M.D.

Metropolitan General Hospital



G-626
50 1182BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 Registered No. 50 1182

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARITY		2. DATE OF DEATH February 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 40 Yrs.		D. STREET ADDRESS (If rural, give location) 105 N. Durham Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/19/1896
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 53
13. FATHER'S NAME Louise Payne		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unkown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Marveice Lovely	
17. INFORMANT Joseph W. Payne Sr.		ADDRESS 105 N. Durham St.	

18.	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Hypertensive C.V. Disease	
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Carl L. Royer		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 2-9-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/1950	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn A.A. Co. Md.	
25. FUNERAL DIRECTOR Elroy O. Wilson		ADDRESS 1000 Brantly Ave		

VS 151

MARGIN RESERVED FOR BINDING

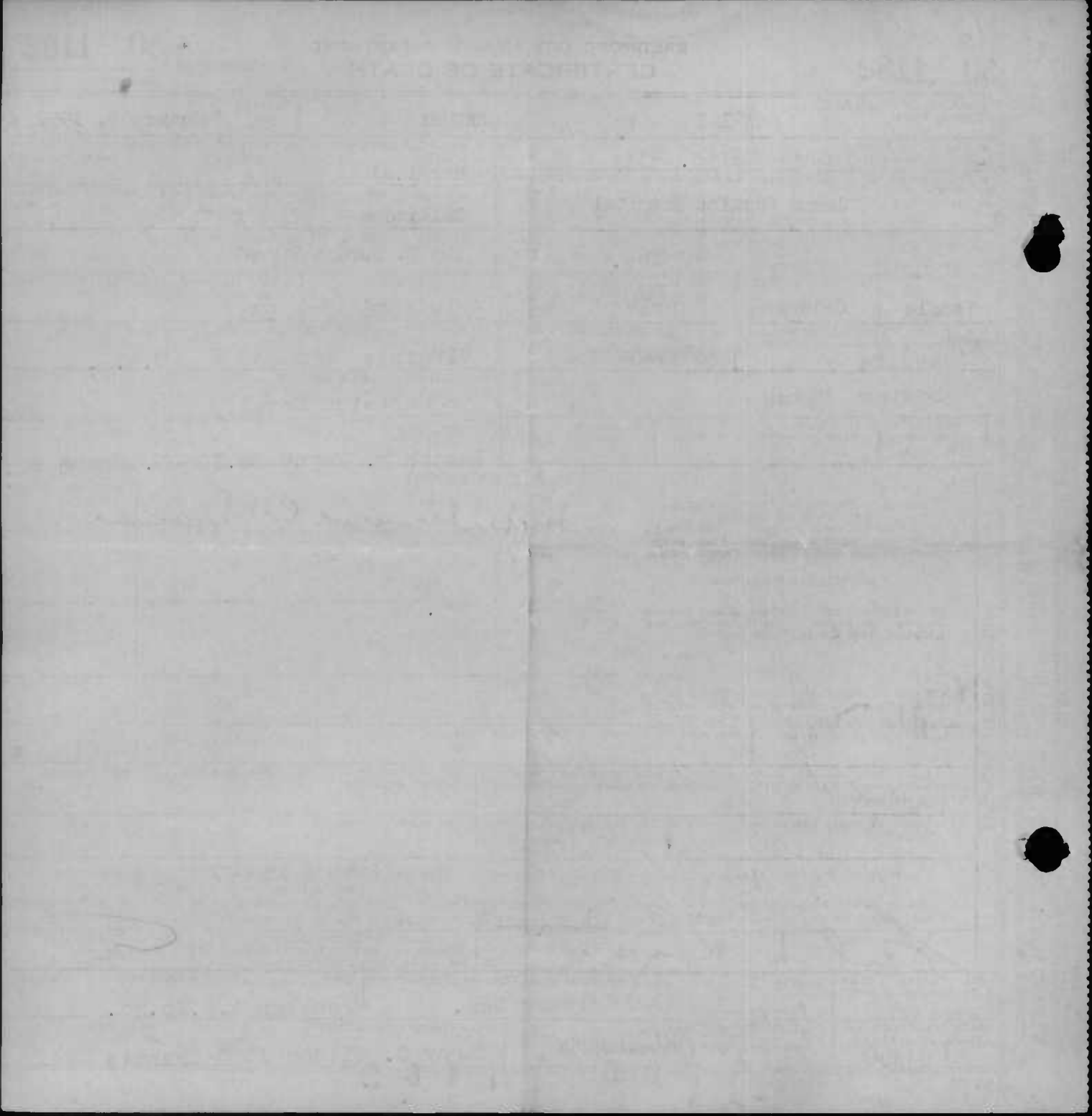
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DATE RECEIVED BY
LOCAL REGISTRAR
FEB 10 1950REGISTRAR'S SIGNATURE
Wm. Williams, M.D.

10500001182

93D

✓



M-600
50 1183BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1183

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Moore

2. DATE
OF
DEATH

2/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Balto.

5-02

D. STREET ADDRESS (If rural, give location)

430 N. E. Exeter St

c. Length of stay in Baltimore

27 yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/19/1911

9. AGE (In years
last birthday)

58

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

South Carolina

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Archie More

14. MOTHER'S MAIDEN NAME

Unkown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unkown

16. SOCIAL
SECURITY NO.

17. INFORMANT

Daughter

ADDRESS

as above

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Military Tuberculosis

3 wks +

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 2-6-1950 to 2-9-1950 that I last saw the
deceased alive on 2-9-1950 and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret L. Shessey M. D.

23B. ADDRESS

Mercy Hospital 2-9-50

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Elroy b. Wilson 1000 Brantly

VS 150

988 V9

13B

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TB Dept has record - preliminary
Card #00170

5-632
50 1184BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1184

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Myrtle Belle Swarts

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Southern Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

none

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Southern Hospital & Home
INSTITUTION 2520 Greenmount Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

2520 Greenmount Ave.

c. Length of stay in Baltimore

3

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 6, 1870

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
none10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Huntington, Pa.

12. CITIZEN OF
WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Daniel Artley

14. MOTHER'S MAIDEN NAME

Hannah Riddell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records, Southern Home - 2520 Greenmount Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Acute Cardiac Dilatation 1 nap

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Chronic Myocarditis

several
years.

Old age.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-15-50, 1950, to 2-9-1950, that I last saw the
deceased alive on 2-9-1950, and that death occurred at 4:30 a. m. from the causes and on the date stated above.

23A. SIGNATURE

Thos. C. Blah

M. D.

23B. ADDRESS

Medical Arts Building

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
burial

24B. DATE

2-11-50

24C. NAME OF CEMETERY OR CREMATORY

Fort Lincoln

24D. LOCATION (City, town, or county)

Washington, D. C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

CERTIFICATE OF DEATH

DATE OF DEATH

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

1980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1185

50 1185

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Kerchner

2. DATE
OF
DEATH

2-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1035 Aisquith St.

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 6, 1865

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ferdinand Kerchner

14. MOTHER'S MAIDEN NAME

Anna Linemkemper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B.C.H., 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CERTIFICATION APPROVED BY

DUE TO

(C) CHIEF OR ASST. MEDICAL EXAMINER

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture of right femur.

19A. DATE OF OPERATION

1-26-50

19B. MAJOR FINDINGS OF OPERATION

Insertion of Blount plate into right hip

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)outside on steps of
Dunbarton Ave.21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

620 Dunbarton Ave.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

1-23-50 9:45 P. m.

21E. INJURY OCCURRED

WHILE AT ☐ WORK NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Fell on steps

22. I hereby certify that I attended the deceased from 1-24-1950 to 2-8-1950 that I last saw the
deceased alive on 2-8-1950 and that death occurred at 3:15 AM from the causes and on the date stated above.

23A. SIGNATURE

J. L. Hogan M. O.

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 11 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

BALTIMORE, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

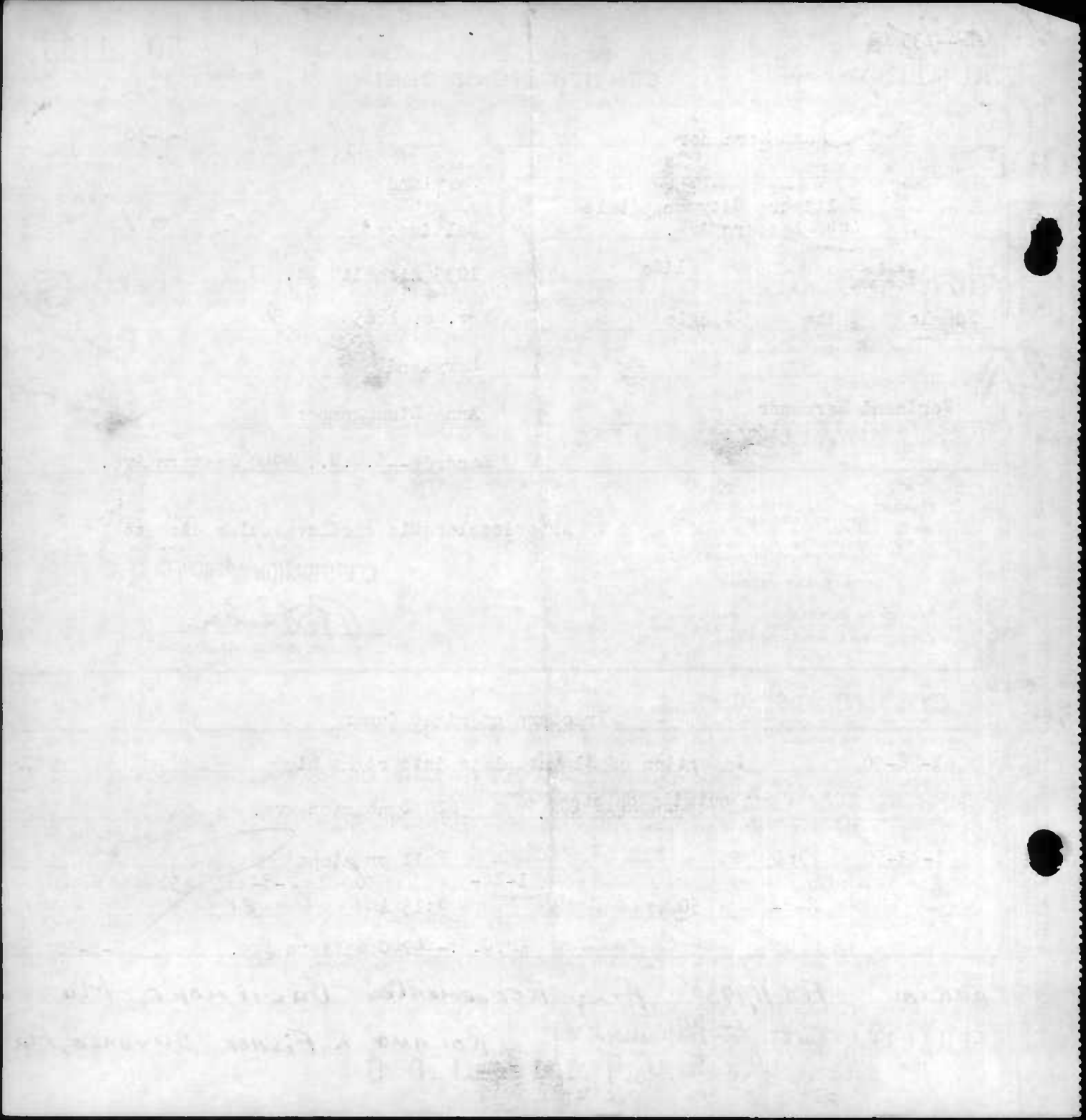
ADDRESS

ROLAND A. FISHER DUNWALK, MD.

VS 150

To be approved by Chief Medical Examiner

930



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WATSON
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1186

50 1186

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mary Elizabeth Watson</i>		2. DATE OF DEATH <i>Feb. 8, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>10 N. Guilmer St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 19-02</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>10 N. Guilmer St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 16, 1894</i>
9. AGE (in years, last birthday) <i>56</i>	10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Helem Stewart</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth ? ?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Rev. Harry S. Watson</i>		ADDRESS <i>10 N. Guilmer St.</i>	
18. <i>199-8</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i> (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>over</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) DUE TO			
19A. DATE OF OPERATION <i>11-10-49</i>		19B. MAJOR FINDINGS OF OPERATION <i>Carcinomatosis</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>11-1</i> , 19 <i>49</i> to <i>2-8</i> , 19 <i>50</i> that I last saw the deceased alive on <i>2-8</i> , 19 <i>50</i> and that death occurred at <i>100 am.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>William</i>		23B. ADDRESS M. D. <i>803 N. Friend St.</i>	
23C. DATE SIGNED <i>2-9-50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 11, 1950</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Mem. Pk.</i>		24D. LOCATION (City, town, or county) (State) <i>Balt. Co. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 10 1950</i>		REGISTRAR'S SIGNATURE <i>Thurston H. Williams</i>	
25. FUNERAL DIRECTOR <i>Halland Funeral Home</i>		ADDRESS <i>1601 W. 1st St. Baltimore, Md.</i>	

20057

First organ involved not determined. - 50-1186 - 3/31/50.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1187BIRTH NO. 50 11871. NAME OF DECEASED
(Type or Print)

Frank O. Thompson

2. DATE
OF DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2614 Paca St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

11-9-1949.

9. AGE (In years
last birthday)

-

10 Under 1 Year
Months: Days

3

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Thompson.

14. MOTHER'S MAIDEN NAME

Janet Lee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

James Thompson. 2614 S. Paca St.

18.

795.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) Unknown 795.4

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

Evel L. Royer

23B. CHIEF MEDICAL EXAMINER ☐
M.D. ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

Feb. 9, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Huntington Williams, M.D.

Mrs. Katie R. Williams

Schroeder St.

52137

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1188

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(LEONORA) LENA M. GRAVES

2. DATE
OF
DEATH

February 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Mercy Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

224 N. Gilmore Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

August 19, 1906

9. AGE (In years
last birthday)

43

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

King-Queen County, Va.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Horace Graves

14. MOTHER'S MAIDEN NAME

Ida Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace Carrol

2904 Demihean Circle

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Malignant hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pregnancy circa

about
5 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

A. J. McClafferty

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Furnington Williams, M.D.

Mrs. R. Williams - Schrodinger

CERTIFICATE OF DEATH

MICHIGAN

1. NAME OF DECEASED [REDACTED]		2. SEX [REDACTED]		3. AGE [REDACTED]		4. PLACE OF BIRTH [REDACTED]		5. DATE OF BIRTH [REDACTED]		6. PLACE OF DEATH [REDACTED]		7. DATE OF DEATH [REDACTED]		8. TIME OF DEATH [REDACTED]		9. TIME OF BURIAL [REDACTED]		10. PLACE OF BURIAL [REDACTED]		11. NAME OF MINISTER [REDACTED]		12. NAME OF CLERGYMAN [REDACTED]		13. NAME OF FUNERAL HOME [REDACTED]		14. NAME OF CEMETERY [REDACTED]		15. NAME OF INTERMENT [REDACTED]		16. NAME OF FUNERAL HOME [REDACTED]		17. NAME OF CEMETERY [REDACTED]		18. NAME OF INTERMENT [REDACTED]	
19. NAME OF DECEASED [REDACTED]		20. SEX [REDACTED]		21. AGE [REDACTED]		22. PLACE OF BIRTH [REDACTED]		23. DATE OF BIRTH [REDACTED]		24. PLACE OF DEATH [REDACTED]		25. DATE OF DEATH [REDACTED]		26. TIME OF DEATH [REDACTED]		27. TIME OF BURIAL [REDACTED]		28. PLACE OF BURIAL [REDACTED]		29. NAME OF MINISTER [REDACTED]		30. NAME OF CLERGYMAN [REDACTED]		31. NAME OF FUNERAL HOME [REDACTED]		32. NAME OF CEMETERY [REDACTED]		33. NAME OF INTERMENT [REDACTED]		34. NAME OF FUNERAL HOME [REDACTED]		35. NAME OF CEMETERY [REDACTED]		36. NAME OF INTERMENT [REDACTED]	
37. NAME OF DECEASED [REDACTED]		38. SEX [REDACTED]		39. AGE [REDACTED]		40. PLACE OF BIRTH [REDACTED]		41. DATE OF BIRTH [REDACTED]		42. PLACE OF DEATH [REDACTED]		43. DATE OF DEATH [REDACTED]		44. TIME OF DEATH [REDACTED]		45. TIME OF BURIAL [REDACTED]		46. PLACE OF BURIAL [REDACTED]		47. NAME OF MINISTER [REDACTED]		48. NAME OF CLERGYMAN [REDACTED]		49. NAME OF FUNERAL HOME [REDACTED]		50. NAME OF CEMETERY [REDACTED]		51. NAME OF INTERMENT [REDACTED]		52. NAME OF FUNERAL HOME [REDACTED]		53. NAME OF CEMETERY [REDACTED]		54. NAME OF INTERMENT [REDACTED]	
55. NAME OF DECEASED [REDACTED]		56. SEX [REDACTED]		57. AGE [REDACTED]		58. PLACE OF BIRTH [REDACTED]		59. DATE OF BIRTH [REDACTED]		60. PLACE OF DEATH [REDACTED]		61. DATE OF DEATH [REDACTED]		62. TIME OF DEATH [REDACTED]		63. TIME OF BURIAL [REDACTED]		64. PLACE OF BURIAL [REDACTED]		65. NAME OF MINISTER [REDACTED]		66. NAME OF CLERGYMAN [REDACTED]		67. NAME OF FUNERAL HOME [REDACTED]		68. NAME OF CEMETERY [REDACTED]		69. NAME OF INTERMENT [REDACTED]		70. NAME OF FUNERAL HOME [REDACTED]		71. NAME OF CEMETERY [REDACTED]		72. NAME OF INTERMENT [REDACTED]	
73. NAME OF DECEASED [REDACTED]		74. SEX [REDACTED]		75. AGE [REDACTED]		76. PLACE OF BIRTH [REDACTED]		77. DATE OF BIRTH [REDACTED]		78. PLACE OF DEATH [REDACTED]		79. DATE OF DEATH [REDACTED]		80. TIME OF DEATH [REDACTED]		81. TIME OF BURIAL [REDACTED]		82. PLACE OF BURIAL [REDACTED]		83. NAME OF MINISTER [REDACTED]		84. NAME OF CLERGYMAN [REDACTED]		85. NAME OF FUNERAL HOME [REDACTED]		86. NAME OF CEMETERY [REDACTED]		87. NAME OF INTERMENT [REDACTED]		88. NAME OF FUNERAL HOME [REDACTED]		89. NAME OF CEMETERY [REDACTED]		90. NAME OF INTERMENT [REDACTED]	
91. NAME OF DECEASED [REDACTED]		92. SEX [REDACTED]		93. AGE [REDACTED]		94. PLACE OF BIRTH [REDACTED]		95. DATE OF BIRTH [REDACTED]		96. PLACE OF DEATH [REDACTED]		97. DATE OF DEATH [REDACTED]		98. TIME OF DEATH [REDACTED]		99. TIME OF BURIAL [REDACTED]		100. PLACE OF BURIAL [REDACTED]		101. NAME OF MINISTER [REDACTED]		102. NAME OF CLERGYMAN [REDACTED]		103. NAME OF FUNERAL HOME [REDACTED]		104. NAME OF CEMETERY [REDACTED]		105. NAME OF INTERMENT [REDACTED]		106. NAME OF FUNERAL HOME [REDACTED]		107. NAME OF CEMETERY [REDACTED]		108. NAME OF INTERMENT [REDACTED]	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1189

Registered No.

50 1189

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE NEGLEY FARSON

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

MD

BALTO CITY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

UNION MEMORIAL HOSP.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE #1812

D. STREET ADDRESS (If rural, give location)

HOPKINS APARTMENTS

c. Length of stay in Baltimore

20

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED.

8. DATE OF BIRTH

July 4 - 1871

9. AGE (In years
last birthday)

75 plus

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

PITTSBURGH PA.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

MAJOR JOHN JAMES SCOTT NEGLEY

14. MOTHER'S MAIDEN NAME

GRACE ASHTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

SELF

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma head of pancreas

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

PREVIOUS ADMISSION

19B. MAJOR FINDINGS OF OPERATION

TUMOR HEAD OF PANCREAS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from DEC. 15, 1949 to Feb 10, 1950, that I last saw the
deceased alive on FEB 10, 1950, and that death occurred at 5:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John A. Jarrell, Jr.

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 13/50

24C. NAME OF CEMETERY OR CREMATORY

Alleghany Cemetery

24D. LOCATION (City, town, or county)

Pittsburgh, Penna.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1950

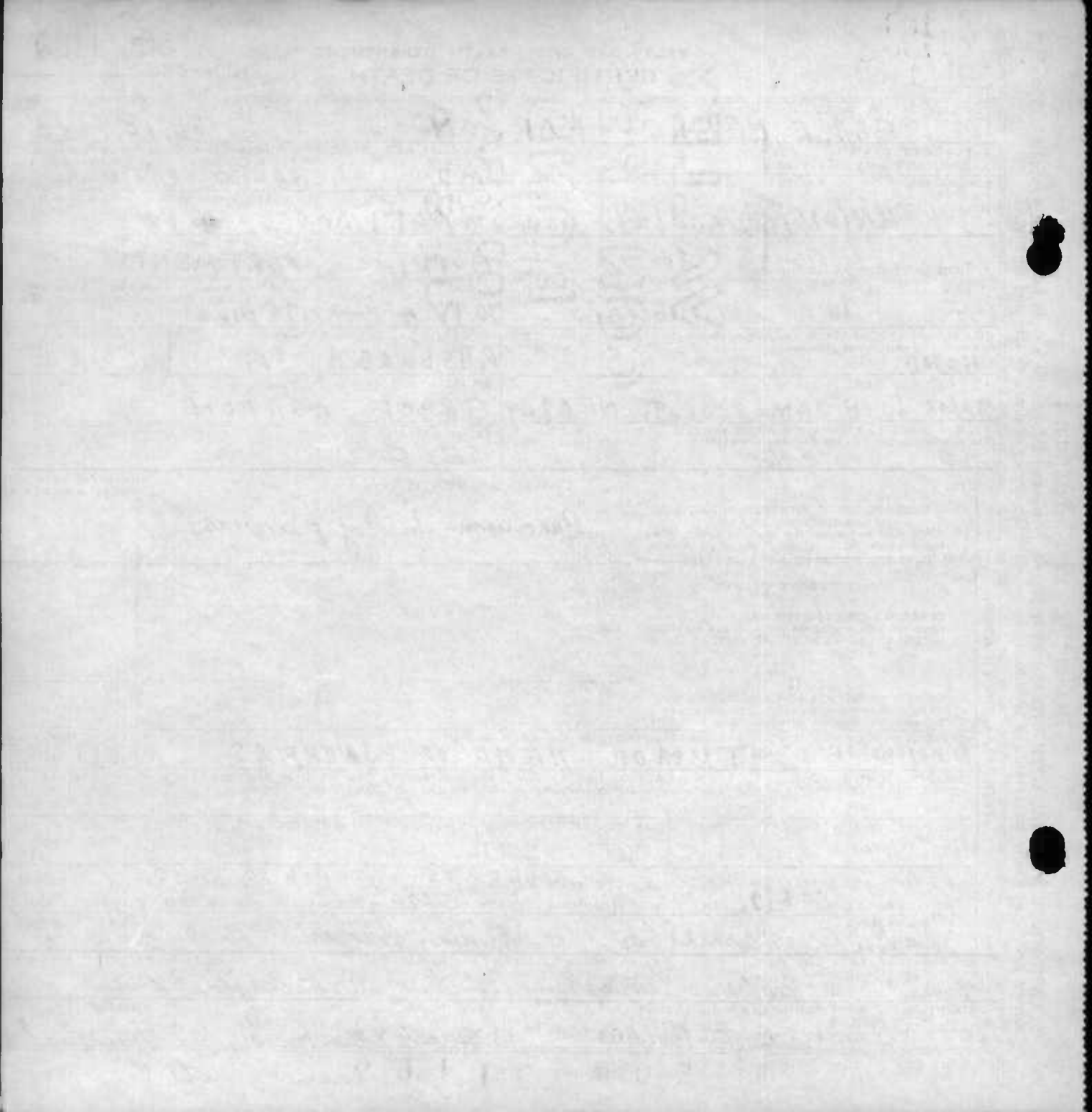
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Stewart & Mowen Co., 108 W. North Ave.

ADDRESS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1190

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard E. De Reef

2. DATE
OF
DEATH

2/7/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNIVERSITY HOSPITAL
GREENE LOMBARD STS

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City, Maryland
PINE-PLEASANT

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug 21-1867

9. Age in years (last birthday) Months Days Hours Min.

82 17 - -

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Richard De Reef

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-05-533

17. INFORMANT

ADDRESS

Leahie S. De Reef 2239 N. Lexington St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Nephritis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Bronchogenic Carcinoma

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/11, 1950, to 2/7, 1950, that I last saw the deceased alive on 2/7, 1950, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bisman

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/7/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2/10/50

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

W. A. Murphy, 1300 Eastern Ave

FEB 10 1950

VS 150

19500001190

47c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

CONFIDENTIAL

H-354
50 1191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

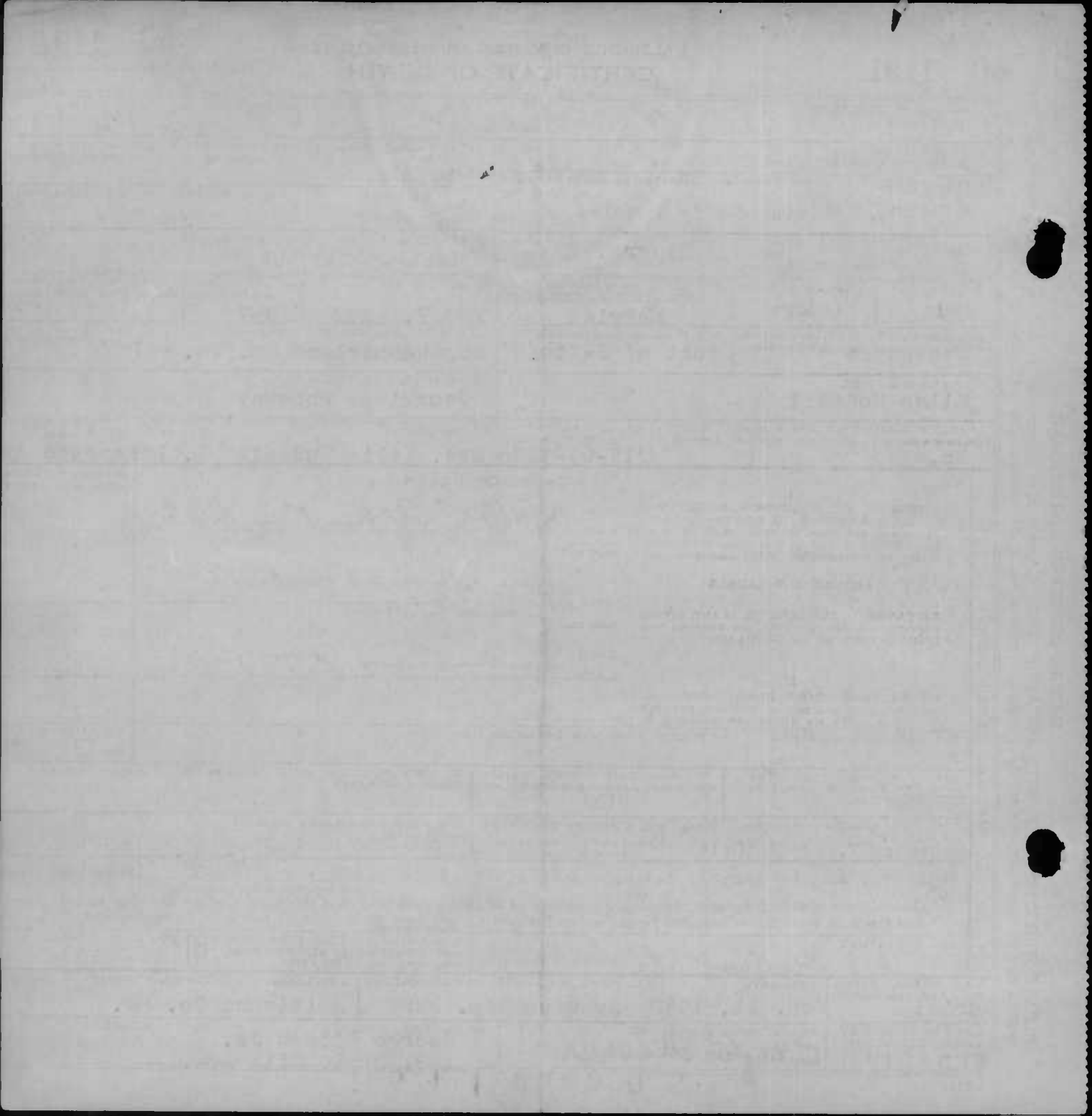
Registered No. *N-804.2*

50 1191

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WALTER HUDNELL Hudnall		2. DATE OF DEATH February 7, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-01			
c. Length of stay in Baltimore 25 yrs.		D. STREET ADDRESS (If rural, give location) 1110 W. Lafayette Avenue			
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1892	9. AGE (In years last birthday) 57	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stevadore		10B. KIND OF BUSINESS OR INDUSTRY Port of Balto.		11. BIRTHPLACE (State or foreign country) Northumberland Co. Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Silas Hudnall		14. MOTHER'S MAIDEN NAME Georgiana Donaway	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO. 215-09-3476		17. INFORMANT Mrs. Lelia Hudnall ADDRESS 1110 W. Lafayette Av	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Multiple rib fractures, bilateral DUE TO Severe comminuted fractures of facial bones. DUE TO Subarachnoid Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Pier		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pier #4, Canton, Maryland 1-1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 7, 1950 10:15 A.m.		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell from platform when cable broke (* floors)	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE A. J. Mc Clafferty		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED 2-7-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 11, 1950		24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park	
24D. LOCATION (City, town, or county) Baltimore Co. Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George Gibson Jr. ADDRESS 1631 Druid Hill Ave.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 3-10-50

540 MS--134986

50 1192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

420.0 50 1192
Registered No.

1. NAME OF DECEASED (Type or Print) Anna R. Kimmel		2. DATE OF DEATH 2-9-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 1035 Ridgely St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 26, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) charwoman		10B. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (In years last birthday) 65 69
13. FATHER'S NAME George J. Kreis		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Anna Bopp	
17. INFORMANT Records--B.C.H.		ADDRESS 4940 Eastern Ave.	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-16- , 19 50 to 2-9- , 19 50 , that I last saw the deceased alive on 2-9- , 19 50 , and that death occurred at 1:30 AM , from the causes and on the date stated above.			
23A. SIGNATURE <i>H. Orger</i>		23B. ADDRESS B.C.H.--4940 Eastern Ave.	
23C. DATE SIGNED 2-9-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/13/50	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE <i>Wm. J. Tickner & Sons</i>	
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.	

VS 150

714 47 500001192 93D

501

CONFIDENTIAL

501-603

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1193
Registered No.

BIRTH NO. 50 1193

1. NAME OF DECEASED (Type or Print) FREDERICKA GANZ			2. DATE OF DEATH Feb. 9, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Nursing Home 6000 Bellona Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. 60 Mos. 27-12 Days			D. STREET ADDRESS (If rural, give location) 6000 Bellona Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	B. DATE OF BIRTH Feb. 7, 1875		9. AGE (In years: last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Schneider			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS Mr. Carl W. H. Ganz - 13 Aintree Rd.		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Paralysis (A) DUE TO Cerebral Hemorrhage (B) DUE TO widow (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 8 yrs.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Dec 18, 1949 , to Dec 9, 1950 , that I last saw the deceased alive on Dec 9, 1950 , and that death occurred at 1030 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE L. A. Rohrdam		23B. ADDRESS 1115 W. 55th St.		23C. DATE SIGNED Dec. 10, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Baltimore, Md.	

FEB 10 1950

1193

83a

CERTIFICATE OF DEATH

EXHIBIT 1 - 2010

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

Richard Thompson

1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1194
Registered No.

BIRTH NO. 50 1194

1. NAME OF DECEASED (Type or Print) JAMES E. ARNOLD			2. DATE OF DEATH February 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-03A		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2240 Sidney Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	B. DATE OF BIRTH July 15-1891		9. AGE (In years last birthday) 58
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? yes
13. FATHER'S NAME Frank Arnold			14. MOTHER'S MAIDEN NAME Mollie ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-05-1571	17. INFORMANT ADDRESS Marie C. Gumpman 2349 Sidney		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary disease DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Insp. & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>S. J. Lubinski</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 2-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 11-50	24C. NAME OF CEMETERY OR CREMATORY Louisa Park	24D. LOCATION (City, town, or county) (State) Baltimore Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS B.C. Naylor 1000 S Passa St.

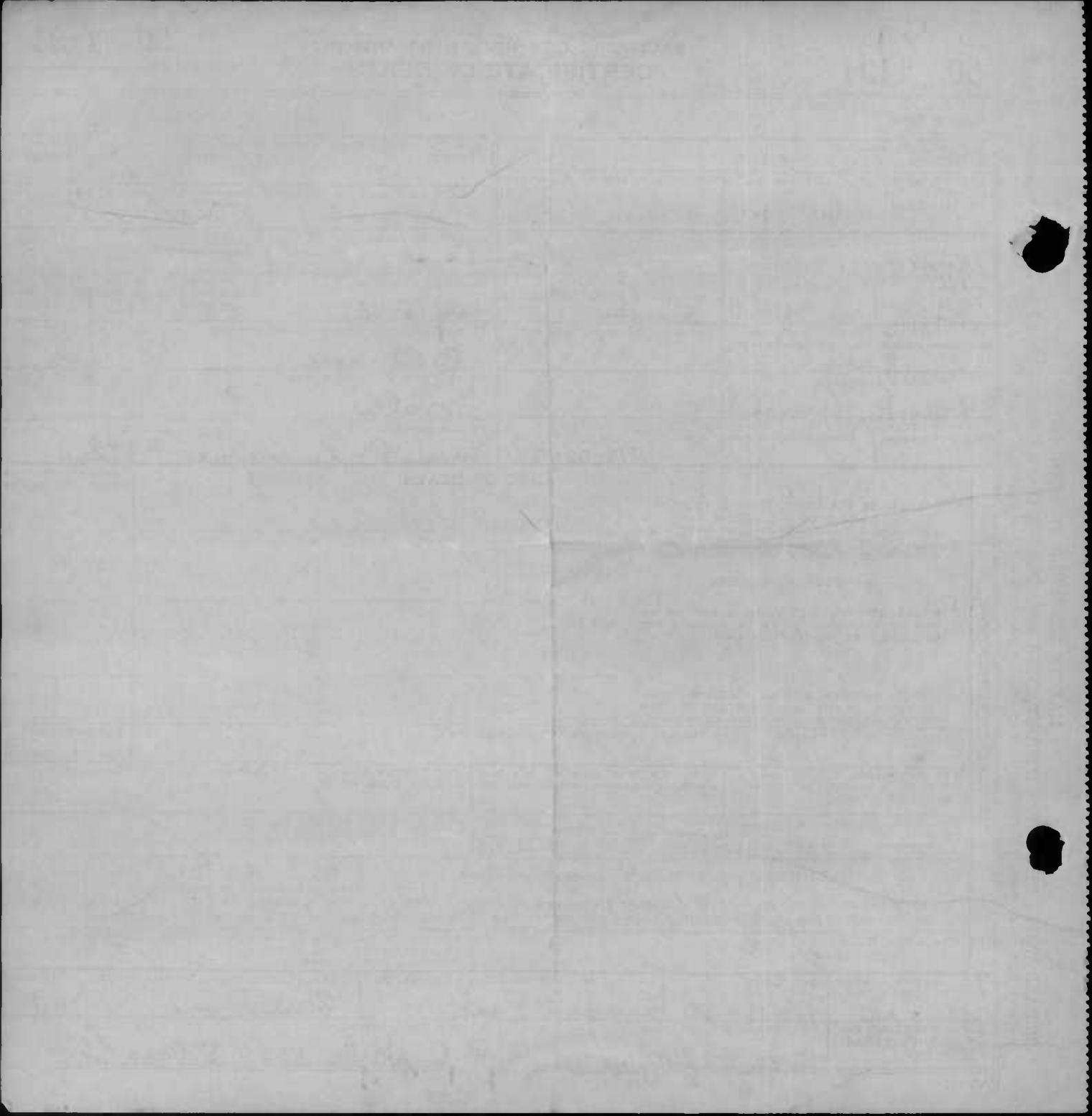
VS 151

98F99

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-534
MS-135488
50 1195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443

Registered No.

50 1195

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Ruth Elizabeth Randall		2. DATE OF DEATH 2-9-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Av		D. STREET ADDRESS (If rural, give location) 2228 Pennsylvania Av. Zone 17		Yrs. Mos. Days	
c. Length of stay in Baltimore Life		5. SEX Female		6. COLOR OR RACE Negro	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 21 1912		9. AGE (In years last birthday) 37	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Emory Jennings		14. MOTHER'S MAIDEN NAME Daisy Dorsey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Records-B.C.H. 4940 Eastern Av.	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Subarachnoid hemorrhage-Uremia DUE TO					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive cardiovascular disease DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK HOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-4 , 19 50 to 2-9 , 19 50 that I last saw the deceased alive on 2-9 , 19 50 and that death occurred at 1.45A m., from the causes and on the date stated above.					
23A. SIGNATURE Chas. Rogers		23B. ADDRESS B.C.H.-4940 Eastern Av		23C. DATE SIGNED 2-9-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/13/50		24C. NAME OF CEMETERY OR CREMATORY Balto Natl	
24D. LOCATION (City, town, or county) (State) Balto Md		25. FUNERAL DIRECTOR Chas. Horne		ADDRESS 512 E. ...	
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		REGISTRAR'S SIGNATURE Huntington Williams, Md.			
VS 150		9500001195		93D	

W-3

CERTIFICATE OF DEATH

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

1950-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PATTY

SMITH

2. DATE
OF
DEATH

February 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

920 W. Mulberry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7-23-96

9. AGE (in years
last birthday)

53

If Under 1 Year
Months: Days

7 18

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

PETERSBURG VA.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

ROLAND PRYOR

14. MOTHER'S MAIDEN NAME

JANNIE FREEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

ROBT. JAS. SMITH 920 W. MULBERRY ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive arteriosclerotic cardio-vascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
2-10-5024A. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

24B. DATE

2-13-50

24C. NAME OF CEMETERY OR CREMATORY

MT. AUBURN

24D. LOCATION (City, town, or county)

BALTO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

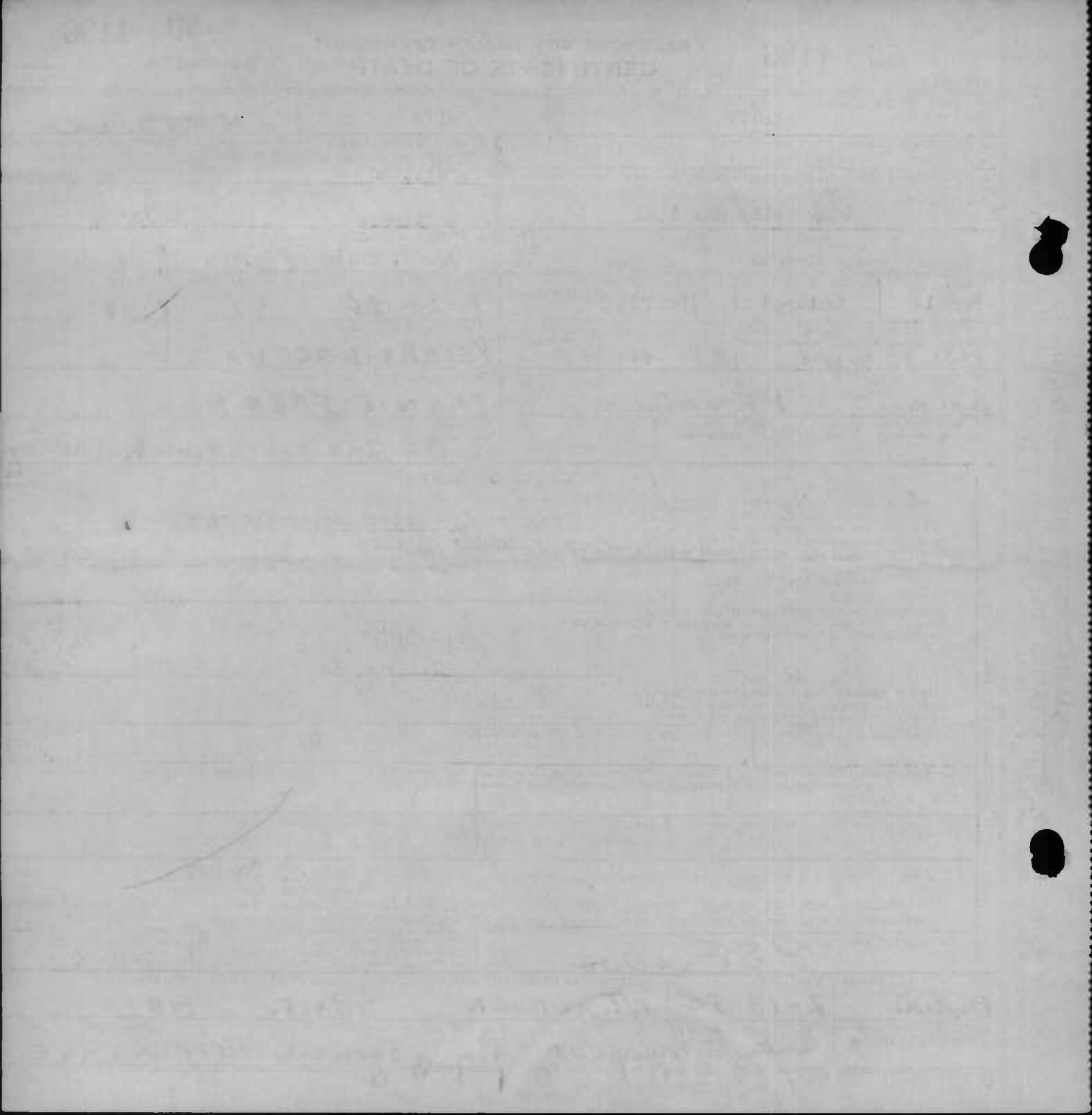
ADDRESS

Wm. A. JACKSON 916 PENNA. AVE

FEB 10 1950

10500001196

93D



W-425
50 1197BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1197
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH WILSON

2. DATE
OF
DEATH

2/8/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hosp.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

B

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)Yrs.
Mos.
Days

8. DATE OF BIRTH

unknown

9. AGE (In years
last birthday)

49

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

George Wilson

14. MOTHER'S MAIDEN NAME

Victoria M. Turner

15. WAS DECEASED
(Yes, no or unknown)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Michael R. Rauling - 1117 Bruce St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) probable pulmonary embolus 1 hr.
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) post-operative (twisted
DUE TO dermoid cyst and uterine
fibroids

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

Feb. 2, 1950

19B. MAJOR FINDINGS OF OPERATION

twisted uterine dermoid cyst - uterine fibroids

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 31, 1950, to Feb. 2, 1950, that I last saw the
deceased alive on Feb 2, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert K. Speers
M.D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

2/8/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/13-50

24C. NAME OF CEMETERY OR CREMATORY

Howard Co. Md.

24D. LOCATION (City, town, or county)

Howard Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Emington Williams, M.D.

25. FUNERAL DIRECTOR

Walter B. Grogan

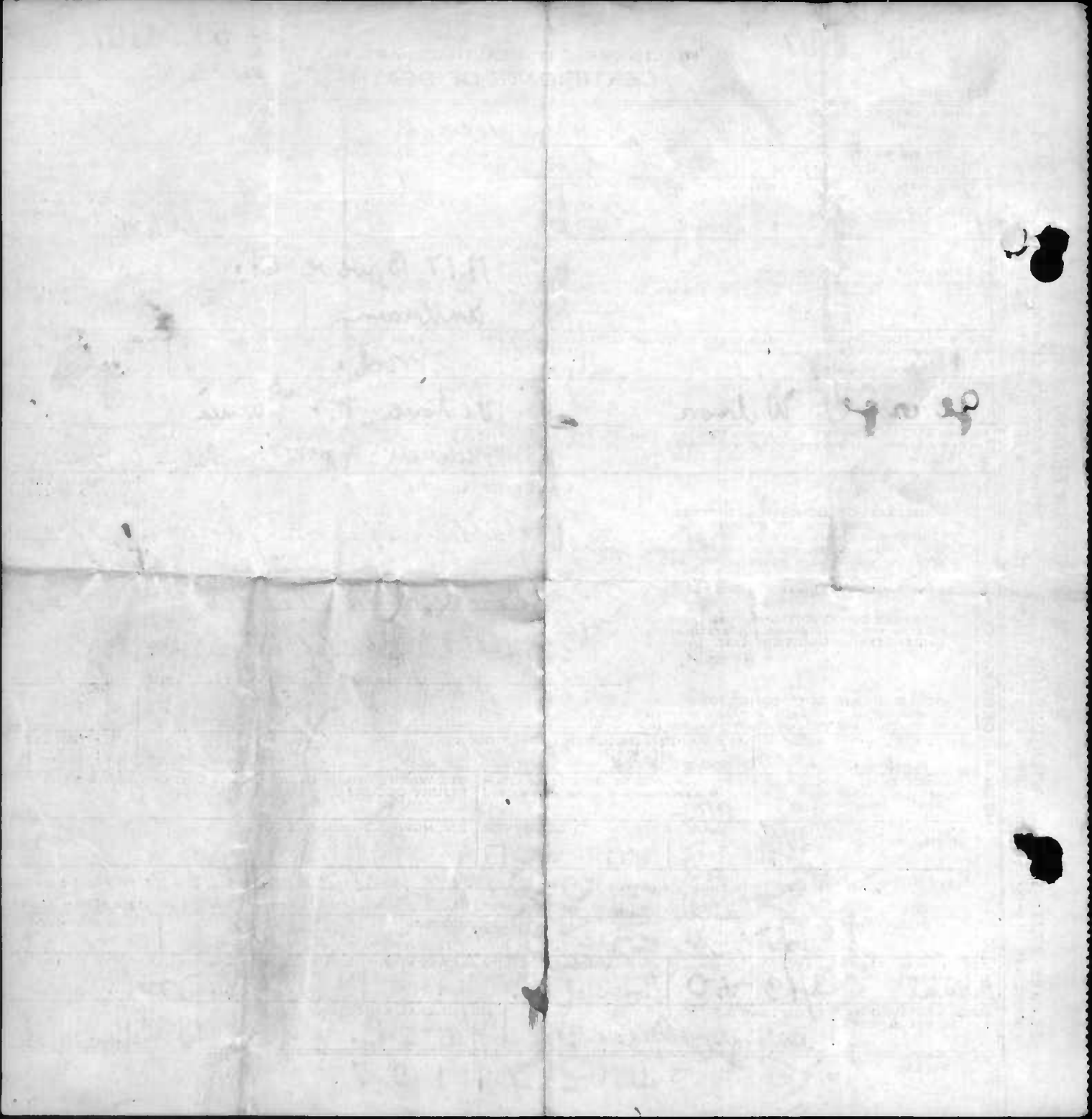
ADDRESS

139 W. Maryland St.

FEB 13 1950

1 5 0 0 0 0 1 1 9 7

56B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1198

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sarah S. Barley

2. DATE
OF
DEATH

Feb 8, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Ardenleigh Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

13-06

D. STREET ADDRESS (If rural, give location)

3303 Paine St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov 18, 1865

9. AGE (In years, last birthday)

84

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Bernard Finnegan

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Ruth Crick 3303 Paine St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Myocardial Insufficiency*

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arterio Sclerosis*

10 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 7, 1950* to *Feb 8, 1950*, that I last saw the deceased alive on *Feb 8, 1950*, and that death occurred at *2:00 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davis

23B. ADDRESS

800 W 33rd St.

23C. DATE SIGNED

2-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 11, 1950

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county)

Hampden

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

Paul C. Chennette Jr. 3615-17 Chestnut Ave.

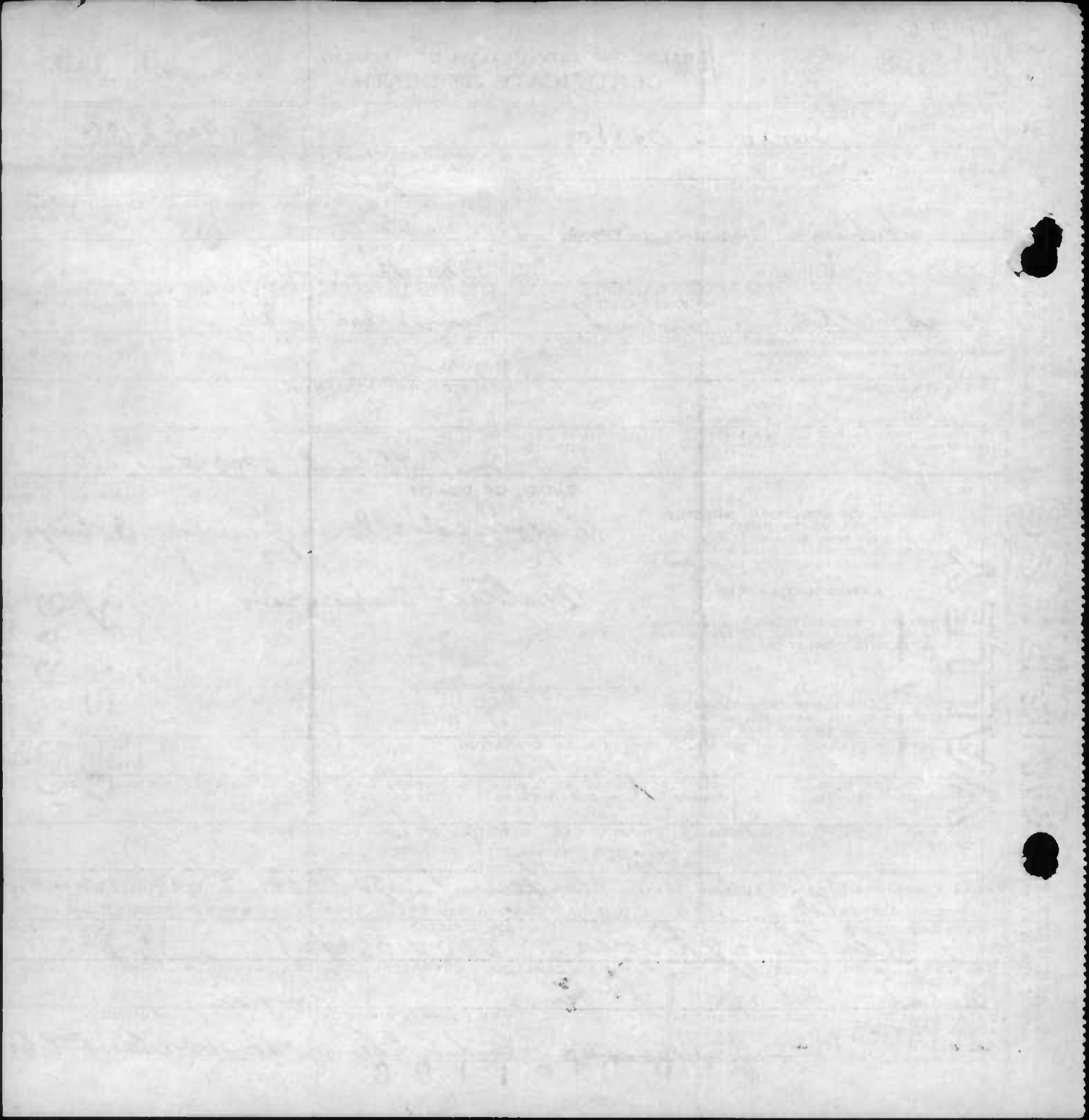
VS 150

50 1198

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **50 1199**

 BIRTH NO. **50 1199**

1. NAME OF DECEASED (Type or Print) BARBARA A. ANTON			2. DATE OF DEATH 2/7/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1004 E. Biddle Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1004 E. Biddle Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1886	9. AGE (In years, last birthday) 64	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Geo. H. Anton			14. MOTHER'S MAIDEN NAME Annie Heim		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, to or unknown) no		16. SOCIAL SECURITY NO. -	17. INFORMANT ADDRESS Mr. Gibson Antone 412 Whitridge Ave		

18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
(A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular disease with acute pulmonary edema			15-20 years 2-3 hours
(B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 17, 1950 to Feb 7, 1950 that I last saw the deceased alive on Jan 17, 1950 , and that death occurred at 3rd A. M. from the causes and on the date stated above.			
23A. SIGNATURE Hymene Schiff M.D.	23B. ADDRESS 3436 Bank St.	23C. DATE SIGNED Feb 8, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/10/50	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) City
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950	REGISTRAR'S SIGNATURE Winfred Williams M.D.	25. FUNERAL DIRECTOR ADDRESS WIEDEFELD AND SON GREENMOUNT AVE & 22nd ST.	

VS 150

109500001199

937

WALLEY
CONGRES
COND
100/990

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650

50 1200

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Boeren

50 1200
Registered No. 7-9.3

BIRTH NO. 50-02600

1. NAME OF DECEASED
(Type or Print)

Baby Girl Boeren

2. DATE
OF
DEATH

2-8-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Sinai Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-05

D. STREET ADDRESS (If rural, give location)

614 S. QUAIL ST.

c. Length of stay in Baltimore

2

Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2-7-50

9. AGE (In years,
last birthday)

10 Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

13. FATHER'S NAME

John J. Boeren

14. MOTHER'S MAIDEN NAME

Olga Manrique

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

John J. Boeren 614 S. Quail St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Multiple Congenital Anomalies

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 10:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Max Muller

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2-8-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

2-10-50

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM. GERMAN HILL RD. BALTO.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

Therington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Zeiler, 901 S. Conkling St.

BALTIMORE
214 S. GAVIN ST.

RECEIVED
JULY 21 1947
U. S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1201

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Girl Bayr

2. DATE
OF
DEATH

2-9-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

West Baltimore Gen Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1007 Frederick Rd

c. Length of stay in Baltimore

46 hrs

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

New born

8. DATE OF BIRTH

2-8-50

9. AGE (In years;
last birthday)11 Under 1 Year
Months: Days: 1 2210A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ronald Robert Bayr

14. MOTHER'S MAIDEN NAME

Julia E. Blackburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Same Catonsville

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Intra Cranial Hemorrhage Birth

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atelectasis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Prematurity 24 hrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-50, 1950, to 2-9-50, 1950, that I last saw the
deceased alive on 2-7-50, 1950, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William A. Best

M. D.

W. B. B. B.

2-9-50

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Tunington Williams, M.D.

Harry Hutzke 1101 Edmondson Ave

... ..

WITNESSES TO THE DEEDS:

• • •

• • •

• • •

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1202

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EDWARD W. HUGHES

2. DATE
OF DEATH

Feb 9 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE *Baltimore* B. COUNTY *Ind.*

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2200 Boston Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

2200 Boston Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1-04

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sep 26 1890

9. AGE (In years last birthday)

59

10 Under 1 Year Months: Days: Hours: Min.

4 14

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

TAVERN KEEPER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William J. Hughes

14. MOTHER'S MAIDEN NAME

Elizabeth Fuchs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Anna Hughes 2200 Boston Street

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Pulmonary Tuberculosis*

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Myocardial Infarction*

10 days

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *10-5*, 19*45*, to *2/9*, 19*50*, that I last saw the deceased alive on *2/9*, 19*50*, and that death occurred at *2:15* A.m., from the causes and on the date stated above.

23A. SIGNATURE

David Miller

23B. ADDRESS

1500 N. Broadway

23C. DATE SIGNED

2/9/50

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-13-50

24C. NAME OF CEMETERY OR CREMATORY

St. Carmel Cem

24D. LOCATION (City, town, or county)

Baltimore City

DATE RECEIVED BY LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

William J. Williams, M.D.

25. FUNERAL DIRECTOR

John W. Weber 401 S. Chester Street

ADDRESS

VS 150

15671

15000001202

13B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

RECEIVED AT THE
HISTORICAL SOCIETY

Received from the
Library of the
Historical Society

Received from the
Library of the
Historical Society

Received from the
Library of the
Historical Society

50 1203

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1203

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Taylor, Alice (Goldie)

2. DATE
OF
DEATH

2/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1514 Division

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-02

C. Length of stay in Baltimore

93

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1620 McCulloh Street

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/3/06

9. AGE (In years last birthday)

43

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Benjamin Harmon

14. MOTHER'S MAIDEN NAME

Corz Harmon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

David Taylor - 1620 McCulloh St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Respiratory Failure

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiovascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/9/50

19B. MAJOR FINDINGS OF OPERATION

Fibromyomatous Uteri Ventral Hernia

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/11, 1950, to 2/9, 1950, that I last saw the deceased alive on 2/9, 1950, and that death occurred at 11 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Marcus W. Moore Sr.

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

2/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/12/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Exmore, Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Tunstington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Chas. R. Law - 802 Madison Ave.

FEB 10 1950

VS 150

89500001203

562



1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

1914

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1204
Registered No.

BIRTH NO. 50 1204

1. NAME OF DECEASED (Type or Print) EDWIN M. KRAUSE		2. DATE OF DEATH February 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 24-03	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 907 Light Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 6, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Patapsco Scrap Co.	9. AGE (in years last birthday) 46
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Henry Krause		14. MOTHER'S MAIDEN NAME Margaret Kohlman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Mamie E. Krause		ADDRESS 1114 Marshall St.	

18. I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) OUE TO

(B) DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE E. H. Royce		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 2-10-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 13, 1950		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) Anne Arundel Co.		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR A. Howard Evans		24H. ADDRESS 1400 S. Charles St. Balto. 30, Md.		24I. VS 151 432 60	

CERTIFICATE OF DEATH

1901

1901



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1205

BIRTH NO.

50 1205 48-18954

1. NAME OF DECEASED
(Type or Print)

Mary Eliza Harvey

2. DATE
OF
DEATH

Feb 8 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1219 PATAPSCO ST

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

17 mos
Days

1219 PATAPSCO ST

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept 2 1948

9. AGE (In years,
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

17

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

Yes

13. FATHER'S NAME

Edward Harvey

14. MOTHER'S MAIDEN NAME

Doris Cramblett

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward Harvey 1219 PatapSCO St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Pneumo-pneumonia,
Virus Infection
Acute Endocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20 1950 to Feb 8 1950, that I last saw the
deceased alive on Feb 7 1950, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John C. Schenck

M. O.

23B. ADDRESS

1337 S. Charles St.

23C. DATE SIGNED

2/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 11-50

Holy Cross Cem

Annapolis County

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Huntington Williams, M.D.

B. C. Hark

1000 S. Paca St

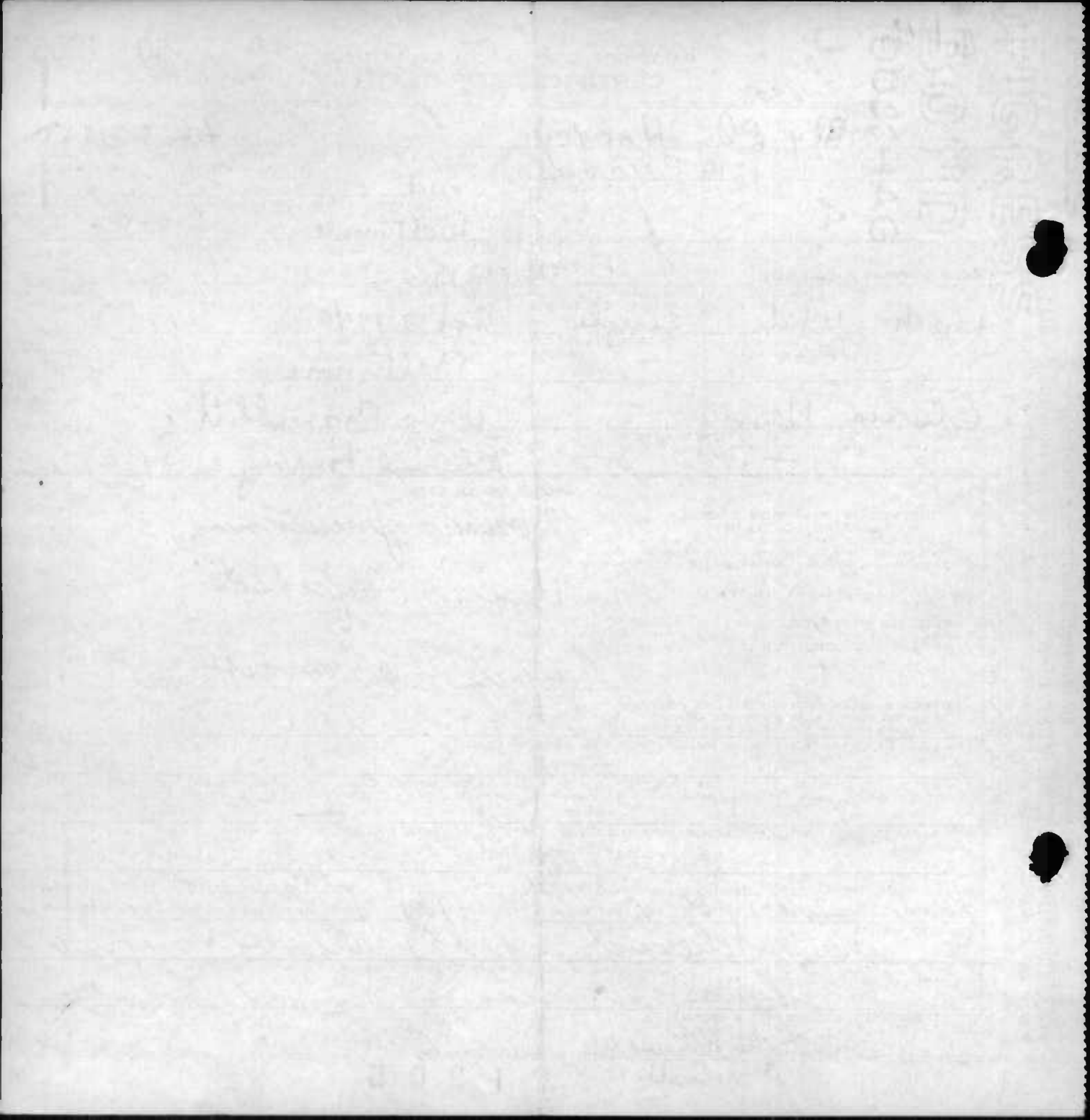
VS 150

9500001205

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1206

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS J. CUNNINGHAM Sr.

2. DATE
OF
DEATH

February 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give
township)

22-01

D. STREET ADDRESS (If rural, give location)

107 Churchill Street - E.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

8/1/1891

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

Brooklyn Theatre

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas J. Cunningham

14. MOTHER'S MAIDEN NAME

Annie

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Family - S. me

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *low pneumonia*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Failure of liver*
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 10, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

B

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

James L. DeLoach

ADDRESS

130 E. Fort Ave.

VS 151

740 9V

19500001206

108

MARGIN RESERVED FOR BINDING

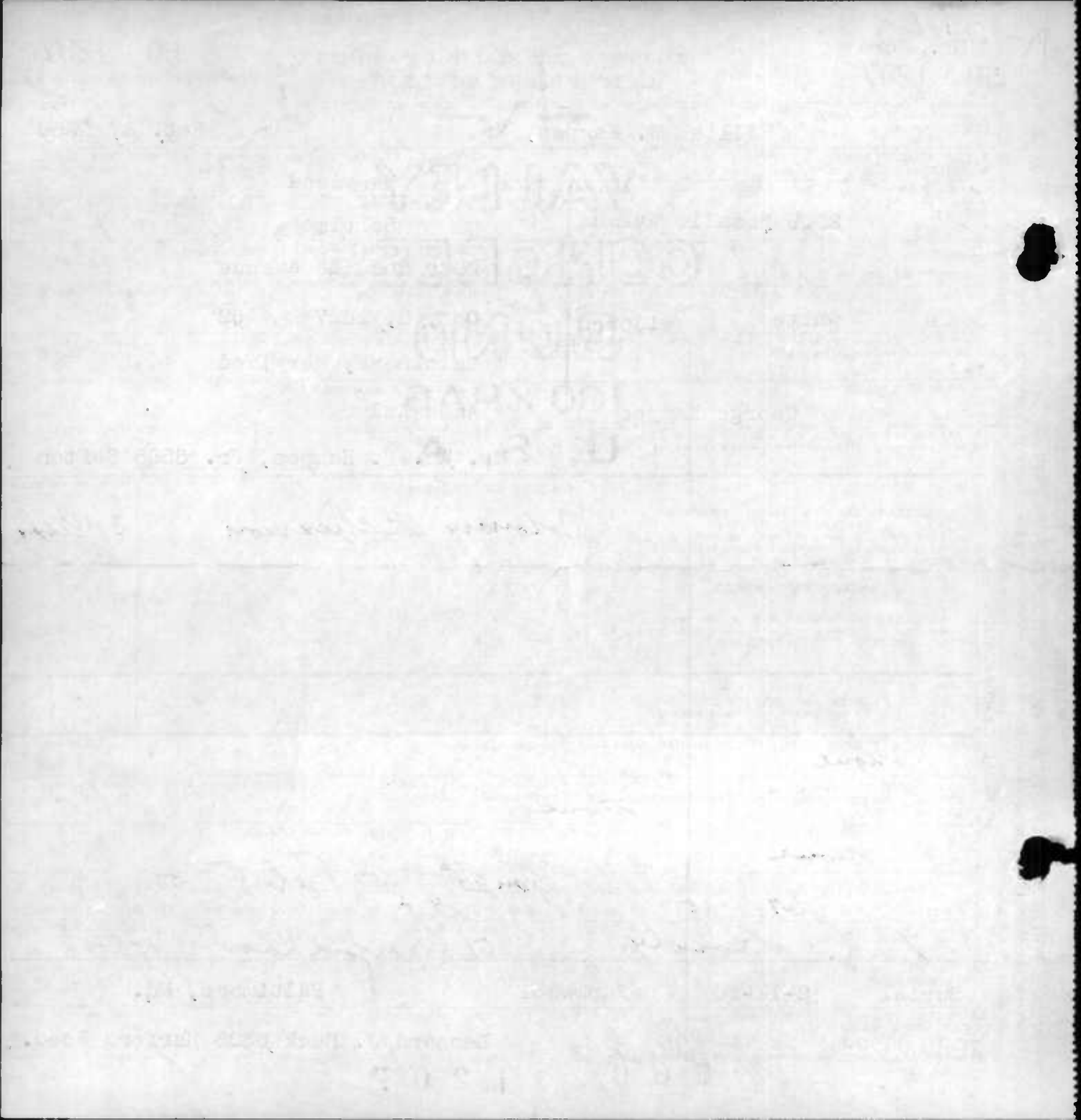
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

K-512
Dr. Gordy
50 1207BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH420.1 50 1207
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
			William F. Kampes, Sr			Feb. 8, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2909 Rosalie Avenue						A. STATE Maryland		
C. Length of stay in Baltimore						B. COUNTY		
5. SEX male						C. CITY OR TOWN Baltimore		
6. COLOR OR RACE white						D. STREET ADDRESS (If rural, give location) 2909 Rosalie Avenue		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed						8. DATE OF BIRTH Oct. 8, 1887		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR						9. AGE (In years last birthday) 62		
10B. KIND OF BUSINESS OR INDUSTRY RETAIL FCE						11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		
13. FATHER'S NAME George Kampes						12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)						14. MOTHER'S MAIDEN NAME Anna Aul		
16. SOCIAL SECURITY NO.						17. INFORMANT Mr. Wm. F. Kampes, Jr.		
						ADDRESS 5505 Sefton		
18. CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion						3 weeks		
DUE TO								
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
DUE TO								
DUE TO								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION None			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 20, 1950, to Feb 8, 1950, that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 9 A.M., from the causes and on the date stated above.								
23A. SIGNATURE Dr. Gordy			23B. ADDRESS 5106 Harford Road			23C. DATE SIGNED 2-9-50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2-11-50			24C. NAME OF CEMETERY OR CREMATORY Parkwood		
24D. LOCATION (City, town, or county) (State) Baltimore, Md.			25. FUNERAL DIRECTOR Leonard J. Ruck			ADDRESS 5305 Harford Road.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950			REGISTRAR'S SIGNATURE L. J. Williams					



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1208

50 1208

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Laura Schneider (Snyder)*2. DATE
OF
DEATH*Feb. 8-1950*

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

6028 Old Harford Rd.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-06

d. STREET ADDRESS (If rural, give location)

6028 Old Harford Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

3/19/1863

9. AGE (In years last birthday)

86

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Henry Schneider

14. MOTHER'S MAIDEN NAME

Hedwig Wohler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Pneumonia of Esophagus*
DUE TO*6 mos*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cholera*
DUE TO*8 mos.*

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING CAUSE OF DEATH ☒

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 1949*, to *Feb 8, 1950*, that I last saw the deceased alive on *Feb 7, 1950*, and that death occurred at *5:30 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE

Thomas J. White

M. D.

23b. ADDRESS

3809 Fremont Ave

23c. DATE SIGNED

2/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2-11-50

24c. NAME OF CEMETERY OR CREMATORY

Western

24d. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Leonard Luck- 5305 Harford Rd

ADDRESS

VS 150

50 1208

46a

2/19/1863

Dr. Thomas White
3809 Steamboat

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1209

BIRTH NO.

50-02941

1. NAME OF DECEASED
(Type or Print)

(Wayne) Baby Boy Thurfield

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural - Fullerton

D. STREET ADDRESS (If rural, give location)

Fullerton, Maryland

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

2/8/50

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

22 50

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Edward Thurfield, Jr.

14. MOTHER'S MAIDEN NAME

Mary Jane Knight

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/8/50, 1950, to 2/9/50, 1950, that I last saw the deceased alive on 2/9/50, 1950, and that death occurred at 10:25 AM from the causes and on the date stated above.

23A. SIGNATURE

Hadden Swinicki

M. D.

23B. ADDRESS

1100 N. Caroline Street

23C. DATE SIGNED

2/9/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Blair Rd

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

5305 Harbor Rd

FEB 10 1950

1891
The University of Chicago
Library

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

HENRY

FLEMING

2. DATE
OF
DEATH

February 3, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

224 Pearl Street (Last address)

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

N

9. AGE (In years
last birthday)

70

(?)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

K

14. MOTHER'S MAIDEN NAME

W

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

N

(If yes, give war or dates of service)

OWN

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive heart failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☒
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2-3-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

XVX 99

1 5 0 0 0 0 1 2 1 0

93D

✓

STATE OF TEXAS
COUNTY OF DALLAS
CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

M-343

50 1211

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1211
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEROY

J.

MIDDLETON

2. DATE
OF
DEATH

February 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3211 Remley Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give
township)

Baltimore

25-06

D. STREET ADDRESS (If rural, give location)

3211 Remley Avenue

c. Length of stay in Baltimore

30 yrs.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 24, 1911 38 39

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Laborer Unemployed

R17-09-4089

11. BIRTHPLACE (State or foreign country)

Charles County Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Middleton

14. MOTHER'S MAIDEN NAME

Margaret Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217-07-4089

17. INFORMANT

ADDRESS

Margaret Middleton 3211 Remley Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Pulmonary Tuberculosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
M. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl L. Ruge

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-9-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 11/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem

24D. LOCATION (City, town, or county)

A.A. County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Robert G. Edwards & Daughters

FEB 10 1950

988 99

13B 11297, Caroline St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1881

RECEIVED OF THE
TREASURY DEPARTMENT

1881

✓

8

8

50 1212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes Gertrude Bell

2. DATE
OF
DEATH

2-8-50

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

women's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Towson

D. STREET ADDRESS (If rural, give location)

707 Washington Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov. 12, 1874

9. AGE (In years
last birthday)

76

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac La Rue

14. MOTHER'S MAIDEN NAME

Mary Allison

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

JAMES H. BELL - Towson, Md.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Gas Gangreen of lt. leg

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular
DiseaseOTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-7-50, 19__, to 2-8-50, 19__, that I last saw the
deceased alive on 2-8-50, 19__, and that death occurred at 12 Noon, from the causes and on the date stated above.

23A. SIGNATURE

H. C. Decker

M. D.

23B. ADDRESS

Women's Hosp.

23C. DATE SIGNED

2-8-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 10, 1950

24C. NAME OF CEMETERY OR CREMATORY

MT. MARIE CEM.

24D. LOCATION (City, town, or county)

TOWSON, MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN BURNS' SONS, TOWSON, MD.

FEB 10 1950

19500001212

93D

50 1213

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1213

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wilby Jenkins

2. DATE
OF DEATH

February 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONGood Samaritan Home For Incapacitated
27 N. Carey St.

CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

26-86

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1201 Urban Way, O'Donnell Heights

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 2, 1898

9. AGE (In years last birthday)

51 yrs

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Watchman

10B. KIND OF BUSINESS OR INDUSTRY

American Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Jenkins

14. MOTHER'S MAIDEN NAME

Anna L. Mitchell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-07-9534

17. INFORMANT

ADDRESS

Mrs. Wilby Jenkins, 1201 Urban Way

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

Arteriosclerotic and

(B)

Hypertensive cardio-vascular

DUE TO

(marked senility.)

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June, 1949, to 9 Feb., 1950, that I last saw the deceased alive on 9 Feb., 1950, and that death occurred at 10:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Emil H. Henning Jr.

M. D.

23B. ADDRESS

601 Winans Way

23C. DATE SIGNED

10 Feb 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olive Cemetery

24D. LOCATION (City, town, or county)

Randallstown, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Billie L. Amoreau

ADDRESS

4510 Liberty
Heights Ave.

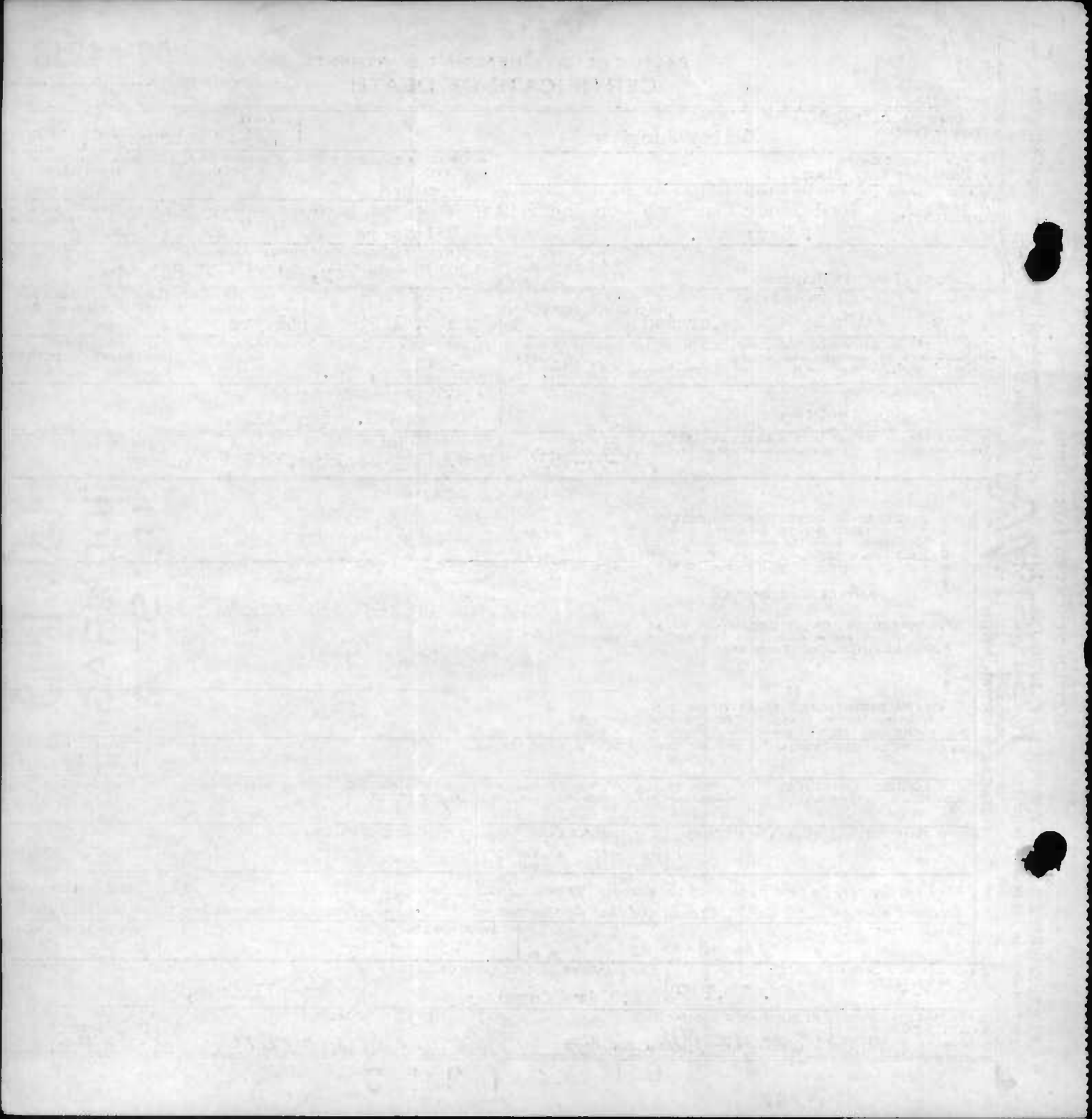
FEB 11 1950

VS 150

60218

1 5 0 0 0 0 1 2 1 3

935



MARGIN RESERVED FOR BINDING

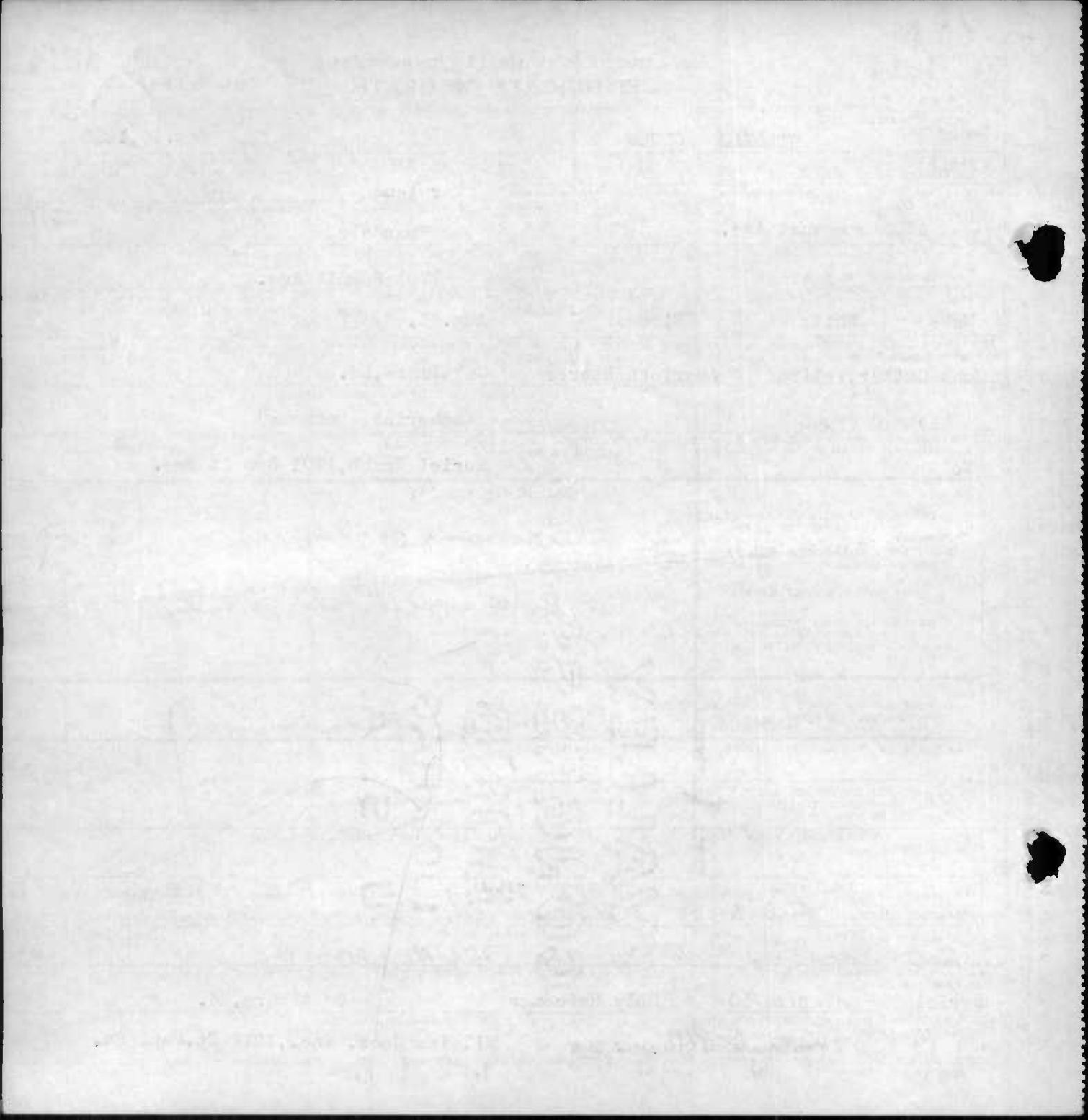
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-610
50 1214

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1214
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) WILLIAM GRUBB	
2. DATE OF DEATH Feb. 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4703 Hamptnet Ave.	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Rosedale D. STREET ADDRESS (If rural, give location) 1701 Summit Ave.	
c. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH Aug. 31, 1881	
9. AGE (In years last birthday) 68 If Under 1 Year Months Days If Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter, retired	
10B. KIND OF BUSINESS OR INDUSTRY American Stores	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Richard Grubb	
14. MOTHER'S MAIDEN NAME Katherine (Unknown)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.	
17. INFORMANT ADDRESS Muriel Grubb, 1701 Summit Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary occlusion DUE TO (B) Arteriosclerosis (generalized) DUE TO (C) Cerebral arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
19A. DATE OF OPERATION	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 7, 1950 , to Feb 10, 1950 , that I last saw the deceased alive on Feb 8, 1950 and that death occurred at 10:35 am. , from the causes and on the date stated above.	
23. SIGNATURE Conrad H. Richter	
23B. ADDRESS 1706 N. Wash. St.	
23C. DATE SIGNED 2/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 2/13/50	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1950	
REGISTRAR'S SIGNATURE Wm. H. Williams, Jr.	
25. FUNERAL DIRECTOR ADDRESS William Cook, Inc., 1217 St. Paul St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1215
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John F. Freedy

2. DATE
OF
DEATH

3/9/50 9:30 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

* before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3120 Lawnview Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5802 Kenwood Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/17/1870

9. AGE (in years
last birthday)

79

10. Under 1 Year 11 Under 24 Hours
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Police Sgt.

10B. KIND OF BUSINESS OR
INDUSTRY

City of Balto.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Freedy

14. MOTHER'S MAIDEN NAME

Whinnor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Raymond Freedy 3120 Lawnview Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Prostate

INTERVAL BETWEEN
ONSET AND DEATH
6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Cardiomyopathy

year.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

22. I hereby certify that I attended the deceased from *June 1936* to *2-9*, 19*50* that I last saw the
deceased alive on *2-8*, 19*50* and that death occurred at *9:30 A.* from the causes and on the date stated above.

23A. SIGNATURE

William L. Farnig

23B. ADDRESS

3025 Belair Road

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1950

REGISTRAR'S SIGNATURE

Timothy H. Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

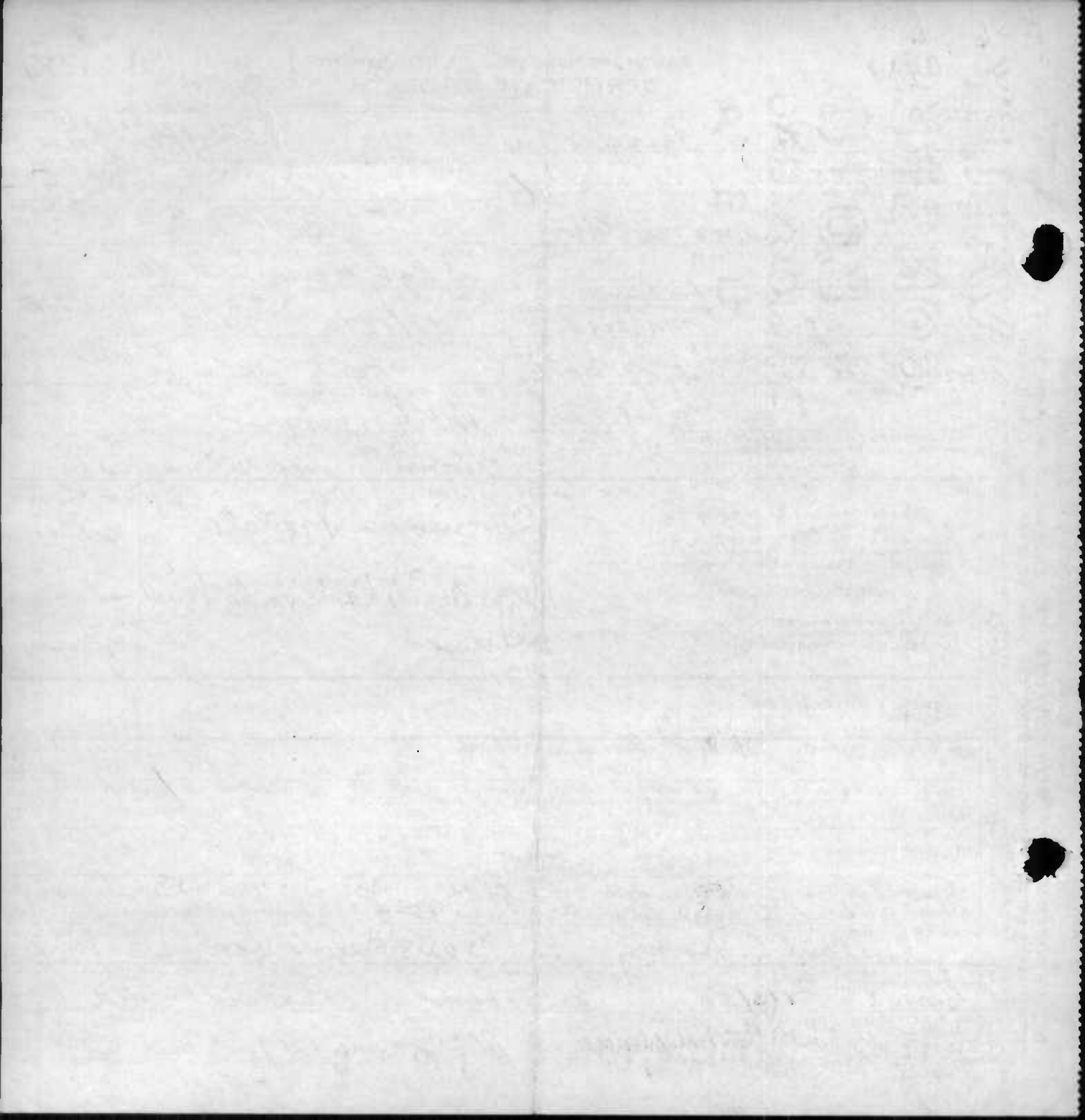
ADDRESS

VS 150

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH581.0 50 1216
Registered No.50 1216
BIRTH NO.

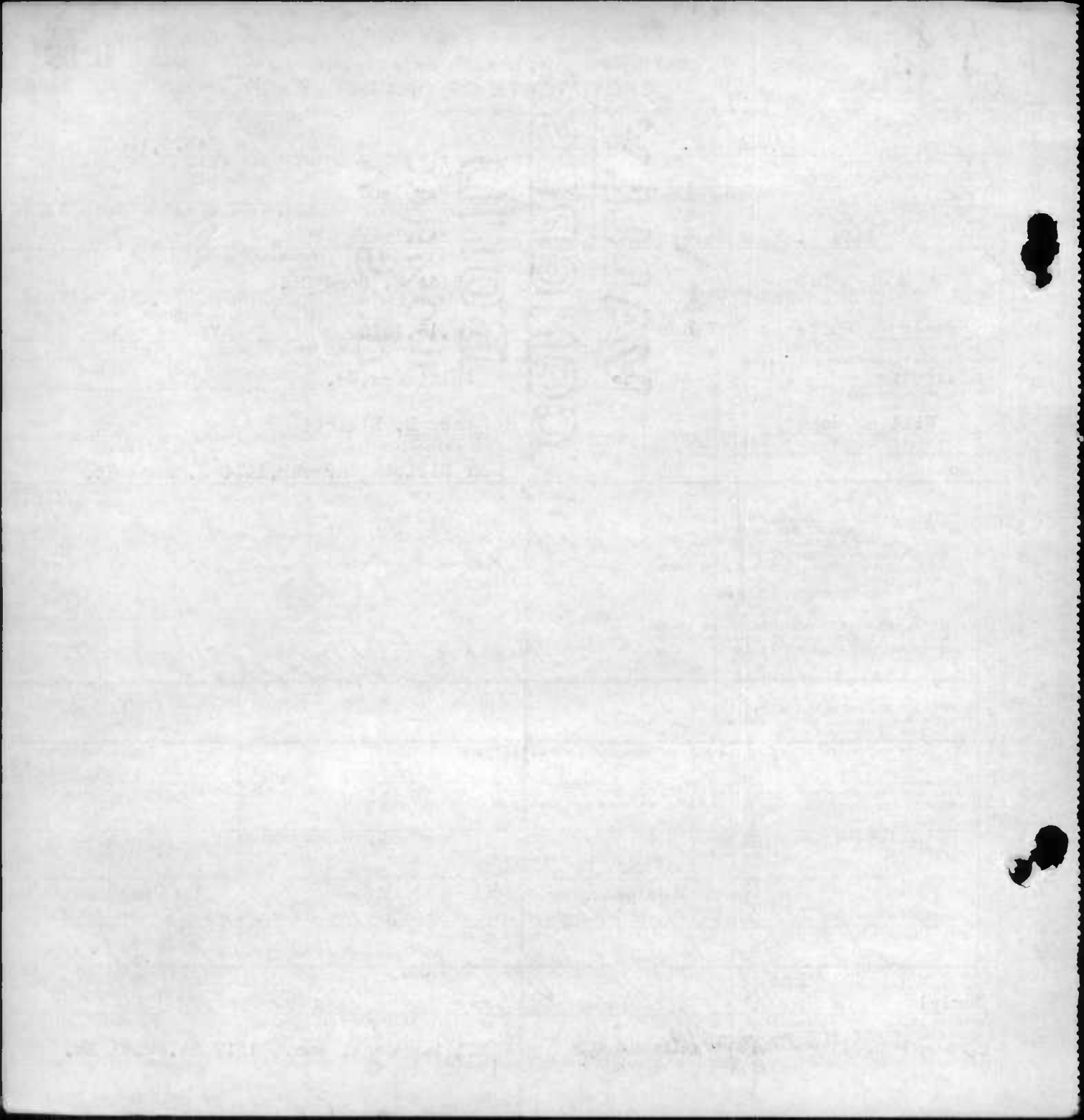
1. NAME OF DECEASED (Type or Print) LAURA V. BARBOUR		2. DATE OF DEATH Feb. 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1434 N. Bond Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1434 N. Bond St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Nov. 15, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) 74
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Hogg		14. MOTHER'S MAIDEN NAME Mary E. Elliott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr Elliott Barbour, 1434 N. Bond St.		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis Cardio-Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Negative Carbonic Decomposed Varices		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/1 , 19 49 , to 2/9 , 19 50 , that I last saw the deceased alive on 2/6 , 19 50 , and that death occurred at 12:30 pm., from the causes and on the date stated above.				
23A. SIGNATURE Joseph S. Blum		23B. ADDRESS 11 N. H. Calver St.		23C. DATE SIGNED 2/9/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/11/50	24C. NAME OF CEMETERY OR CREMATORY Miss Memorial	24D. LOCATION (City, town, or county) Baltimore G. Md.	(State)
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1950		REGISTRAR'S SIGNATURE Wm. H. Cook		25. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.

VS 150

124 B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie M. Sleight

2. DATE
OF
DEATH

2/9/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

5313 Edmondson Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto

12-02

D. STREET ADDRESS (If rural, give location)

3132 Guilford Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/26/1867

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State of foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John B. Griswold

14. MOTHER'S M maiden NAME

Emmie (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.17. INFORMANT
Geo. L. Sleight Jr. Route 1 Address 138
Glenburnie Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Cerebral Arterio Sclerosis* 3 yrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Myocardial Failure* 1 wk
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1948, to Feb 9, 1950, that I last saw the
deceased alive on Feb 9, 1950, and that death occurred at 2:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Howell

M. D.

23B. ADDRESS

Catonville

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

Glenburnie Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 11 1950

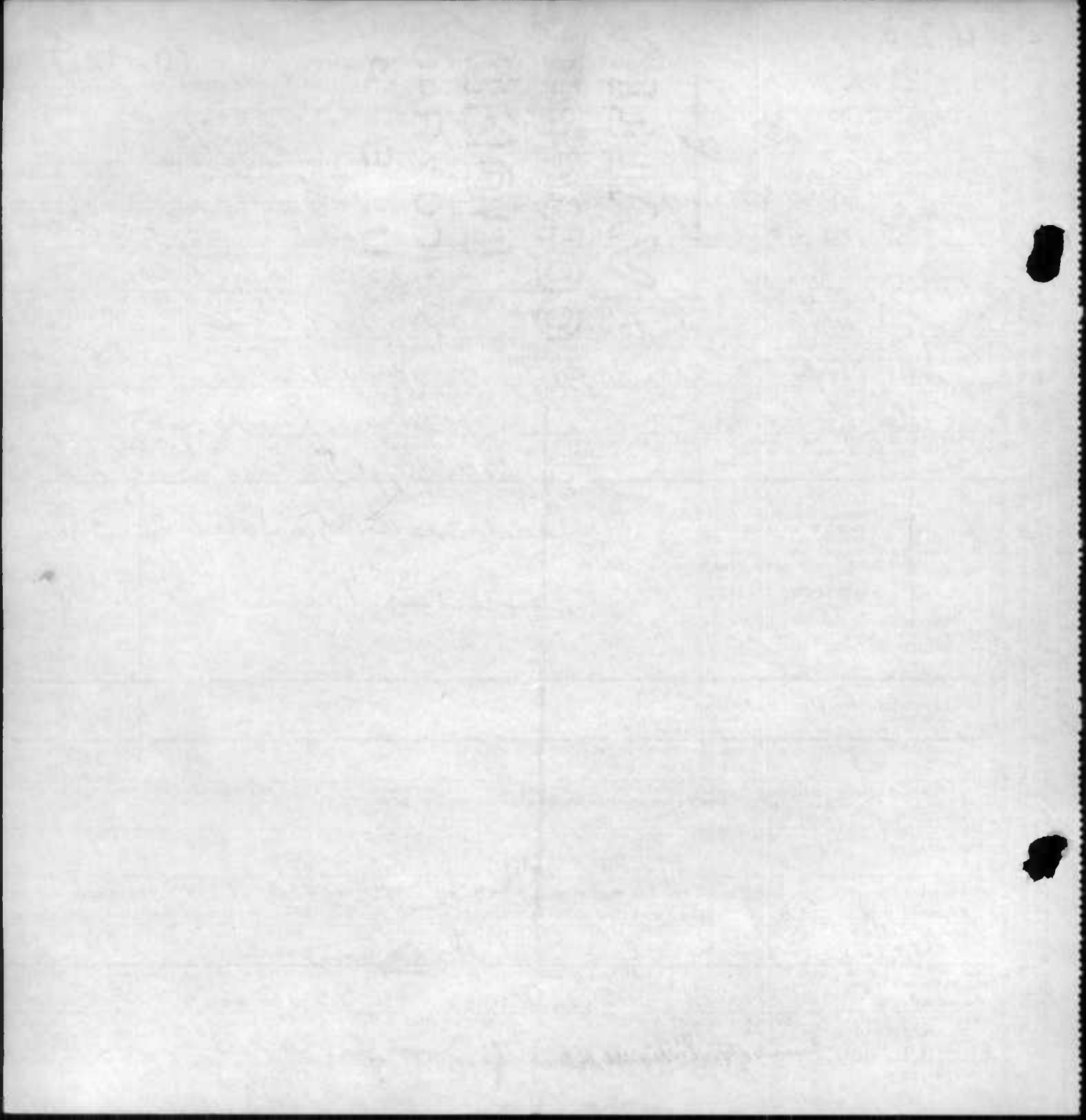
REGISTRAR'S SIGNATURE

T. W. Williams, Jr.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS



CERTIFICATE CORRECTED 2-14-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1218

Registered No. _____

50 1218

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John McCrum

2. DATE OF DEATH
FEB 10 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-03D. STREET ADDRESS (If rural, give location)
3320 Rowview Ave

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-9-96

9. AGE (In years last birthday)

53 5-4

If Under 1 Year: Months: Days

If Under 24 Hours: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ship Fitter, retired

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel

11. BIRTHPLACE (State or foreign country)

Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac McCrum

14. MOTHER'S MAIDEN NAME

Agnes Muirhead

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.
216-10-4078

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Anemia following
Recurrent Carcinoma
of Rectum

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

Nov. 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rectum

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-50 to 2-10-50, that I last saw the deceased alive on 2-10-50, and that death occurred at 530 a.m., from the causes and on the date stated above.

23A. SIGNATURE

JWP Johns

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 10, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR
FEB 11 1950

REGISTRAR'S SIGNATURE

William Cook, Inc.

25. FUNERAL DIRECTOR

William Cook, Inc., 1217 St. Paul St.

ADDRESS

STATE OF OHIO

County of _____

Know all men by these presents, that _____

of the County of _____ State of Ohio

do hereby certify that _____

is the true and correct copy of _____

as the same appears from the _____

records of the _____

Witness my hand and seal _____

this _____ day of _____

19____

at _____

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1219

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY ELLEN ALTMAN

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

607 Cator Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

607 Cator Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

divorced

8. DATE OF BIRTH

Oct. 12, 1890

9. AGE (In years
last birthday) ☐ Under 1 Year ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years ☐ 5 Years ☐ 6 Years ☐ 7 Years ☐ 8 Years ☐ 9 Years ☐ 10 Years ☐ 11 Years ☐ 12 Years ☐ 13 Years ☐ 14 Years ☐ 15 Years ☐ 16 Years ☐ 17 Years ☐ 18 Years ☐ 19 Years ☐ 20 Years ☐ 21 Years ☐ 22 Years ☐ 23 Years ☐ 24 Years ☐ 25 Years ☐ 26 Years ☐ 27 Years ☐ 28 Years ☐ 29 Years ☐ 30 Years ☐ 31 Years ☐ 32 Years ☐ 33 Years ☐ 34 Years ☐ 35 Years ☐ 36 Years ☐ 37 Years ☐ 38 Years ☐ 39 Years ☐ 40 Years ☐ 41 Years ☐ 42 Years ☐ 43 Years ☐ 44 Years ☐ 45 Years ☐ 46 Years ☐ 47 Years ☐ 48 Years ☐ 49 Years ☐ 50 Years ☐ 51 Years ☐ 52 Years ☐ 53 Years ☐ 54 Years ☐ 55 Years ☐ 56 Years ☐ 57 Years ☐ 58 Years ☐ 59 Years ☐ 60 Years ☐ 61 Years ☐ 62 Years ☐ 63 Years ☐ 64 Years ☐ 65 Years ☐ 66 Years ☐ 67 Years ☐ 68 Years ☐ 69 Years ☐ 70 Years ☐ 71 Years ☐ 72 Years ☐ 73 Years ☐ 74 Years ☐ 75 Years ☐ 76 Years ☐ 77 Years ☐ 78 Years ☐ 79 Years ☐ 80 Years ☐ 81 Years ☐ 82 Years ☐ 83 Years ☐ 84 Years ☐ 85 Years ☐ 86 Years ☐ 87 Years ☐ 88 Years ☐ 89 Years ☐ 90 Years ☐ 91 Years ☐ 92 Years ☐ 93 Years ☐ 94 Years ☐ 95 Years ☐ 96 Years ☐ 97 Years ☐ 98 Years ☐ 99 Years ☐ 100 Years

59

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

New Richmond, Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Williams

14. MOTHER'S MAIDEN NAME

Olive Wulf

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Ethel L. Burch

607 Cator Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arterio sclerosis

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic Nephritis

2 years

DUE TO

(C)

Cirrhosis of the Liver

1 year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1947, to Feb 9, 1950 that I last saw the
deceased alive on Feb 9, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Beth Mortimer J.

M. D.

23B. ADDRESS

2706 St Paul St -

23C. DATE SIGNED

2/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

FEB 10 1950

109 5 0 0 0 1 2 1 9

124 B

FEDERAL BUREAU OF INVESTIGATION

DOJ

Washington, D.C.

May 10, 1964

Mr. J. Edgar Hoover

Director

Re: [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1220

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GENEVA GARNER

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3908 Ridgcroft Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-01

D. STREET ADDRESS (If rural, give location)

3908 Ridgcroft Rd.

C. Length of stay in Baltimore

25 yrs.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 27, 1855

9. AGE (In years
last birthday)

94

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George H. Burgess

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mr. L. J. Garner 3908 Ridgcroft Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Ch. Myocarditis
DUE TO

3 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerosis
DUE TO

Senility

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to 7/7, 1950, that I last saw the
deceased alive on 7/8, 1950, and that death occurred at 9 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

23B. ADDRESS

3805 Belair Rd

23C. DATE SIGNED

7/10/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/12/50

24C. NAME OF CEMETERY OR CREMATORY

Bethany Baptist Ch. Cem

24D. LOCATION (City, town, or county)

Callao, Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

FEB 11 1950

FEB 11 1950

9500001220

937

1960

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1221

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY J. TAYLOR

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Ardleigh Nursing Home

2075 Rockrose Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3802 Woodhaven Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 15, 1870

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. Albert H. Taylor

ADDRESS

913 S. Wolfe St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes mellitus

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949 to Feb., 1950 that I last saw the
deceased alive on Feb 9, 1950, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Irvin Rauber

M. D.

23B. ADDRESS

3003 Garrison Ave

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 10 1950

REGISTRAR'S SIGNATURE

Twinington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

FEB 11 1950

69500001221

61

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

NO. 1, 1900

DATE OF DEATH

TIME OF DEATH

AGE

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

NO. 1, 1900

DATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

C#623

CReighton

BALTIMORE CITY HEALTH DEPARTMENT

50 1222

CERTIFICATE OF DEATH

Registered No.

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

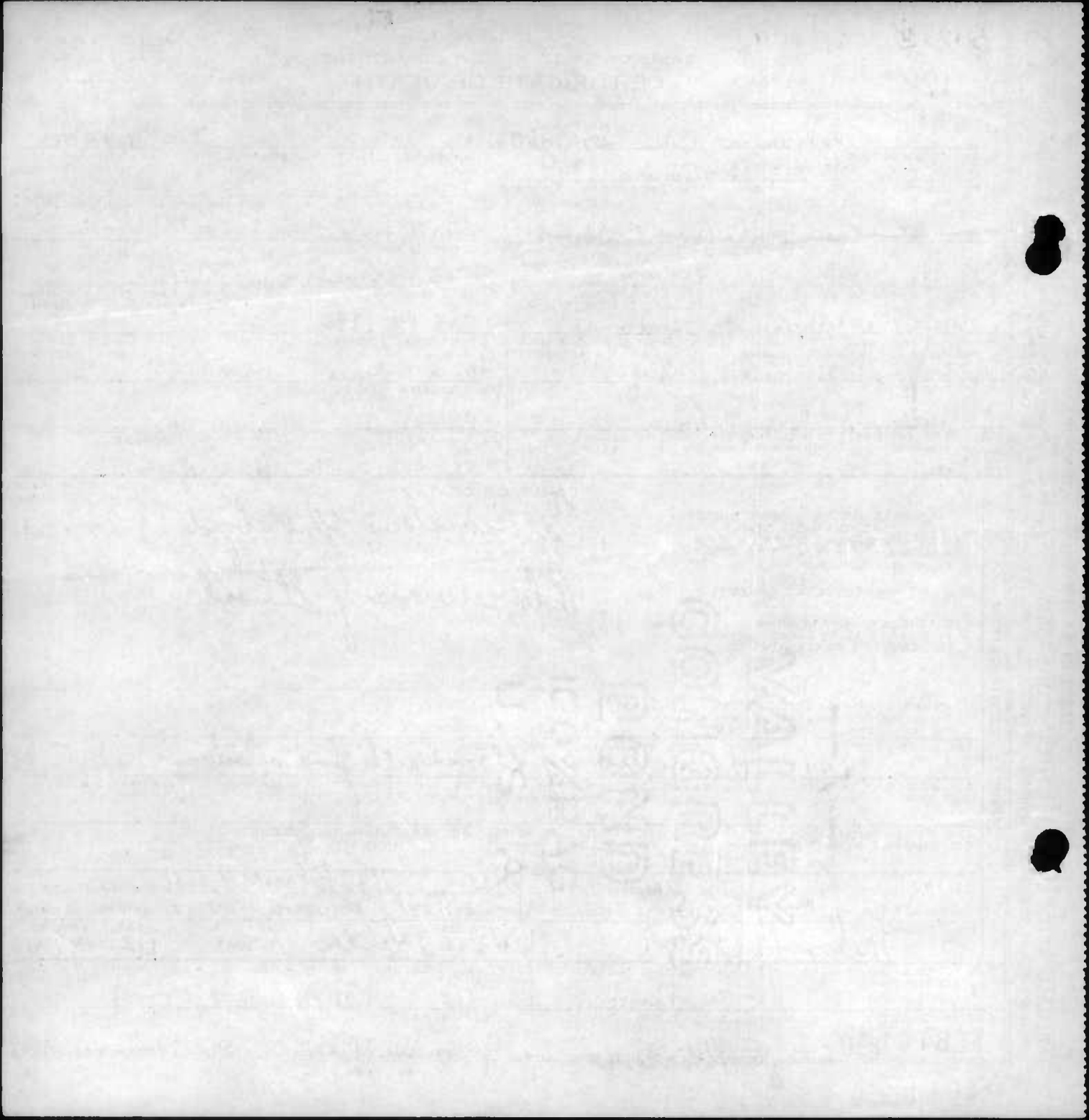
50 1222

1. NAME OF DECEASED (Type or Print) <u>Charles H. Creighton</u>			2. DATE OF DEATH <u>Feb 9 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <u>2305 St Paul St</u> <u>St Paul Nursing Home</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>26-02</u>		
c. Length of stay in Baltimore <u>20 yrs</u>			D. STREET ADDRESS (If rural, give location) <u>4238 Nicholas Ave</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE/MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 17 1880</u>		9. AGE (In years last birthday) <u>69</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Waterman</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTH PLACE (State or foreign country) <u>Rock Hall, md</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13. FATHER'S NAME <u>William Creighton</u>			14. MOTHER'S MAIDEN NAME <u>Rumie ?</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Geo J. Lockenode</u> ADDRESS <u>4238 Nicholas Ave</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinomatosis, Generalized</u> DUE TO <u>Adenocarcinoma of Stomach</u> DUE TO <u>Adenocarcinoma of Stomach</u> DUE TO <u>Adenocarcinoma of Stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 years</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>1947</u>		19B. MAJOR FINDINGS OF OPERATION <u>Adenocarcinoma of Stomach with gland metastases</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 1949</u> to <u>February 9, 1950</u> , that I last saw the deceased alive on <u>February 8, 1950</u> , and that death occurred at <u>11:20 P.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Melvin F. Colek</u>		23B. ADDRESS <u>4200 Sheldon Avenue</u>		23C. DATE SIGNED <u>February 9, 1950</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>2-12-50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Wesley Chapel</u>	
24D. LOCATION (City, town, or county) <u>Rock Hall, md</u>		24E. FUNERAL DIRECTOR <u>Youngdale Funeral</u>		24F. ADDRESS <u>2503 Edmondson Ave</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 10 1950</u>		REGISTRAR'S SIGNATURE <u>Walter H. Williams</u>		25. FUNERAL DIRECTOR <u>Youngdale Funeral</u>	
VS 150		FEB 11 1950		900VI	

46B

MEDICAL CERTIFICATION

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1223

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James

Fossett

2. DATE
OF
DEATH

Feb. 9, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1417 W. Saratoga St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Aug. 2, 1889

9. AGE (in years
last birthday)

60

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of work log life, even if retired)

Teacher

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Fossett.

14. MOTHER'S MAIDEN NAME

Mary Gasaway.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Luella Carrington. 2459 N. 19th St.
Chesapeake, Pa.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inc. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

BS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
Feb. 10, 195024A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Frederickton Williams, M.D.

Mrs. Katie R. Williams

Schroeder

VS 151 B 11 1950

27261

1223

94a

UNITED STATES DEPARTMENT OF COMMERCE
BUREAU OF MARINE FISHERIES
OFFICE OF THE CHIEF OF BUREAU

1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

NOV 11 1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1224

1. NAME OF DECEASED
(Type or Print)

Gertrude Wherley

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution residence before admission)
A. STATE

Pennsylvania

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Glen Rock

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

1-29-1884

9. AGE (In years
last birthday)

66 67

10 Under 1 Year
Months: Days

13

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eli Seitz

14. MOTHER'S MAIDEN NAME

Olida Seitz Overmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no.

16. SOCIAL
SECURITY NO.

17. INFORMANT

Franklin D. Wherley

ADDRESS

18.

199-8

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

over

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-9-50

19B. MAJOR FINDINGS OF OPERATION

Generalized Carcinomatosis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4 1950 to 2-11, 1950, that I last saw the
deceased alive on 2-11, 1950, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph S. Anderson, M. D.

23B. ADDRESS

St. Agnes Hosp.

23C. DATE SIGNED

2-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/11/50

24C. NAME OF CEMETERY OR CREMATORY

Reformed

24D. LOCATION (City, town, or county)

Glen Rock

(State)

Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Geo. C. Cople

ADDRESS

Glen Rock, Pa.

FEB 10 1950

VS 150

FEB 11 1950

1 5 0 0 0 0 1 2 2 4

55E

20057

First organ not determined.

50-1224-3/31/50.

G-320

Golder Gates

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 50 1225

50 1225

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GOLDER GATES

2. DATE
OF
DEATH

2/10/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) SECONDARY STROKE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHRONIC INTESTINAL OBSTRUCTION

DUE TO

(C) PROB. G.I. MALIGNANCY

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2/7/50 to 2/10/50, that I last saw the
deceased alive on 2/10/50 and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-13-50

Cumberland, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

R. W. Williams, M.D.

(Mrs) Frances A. Hemstley

578 W. Biddle St.

FEB 11 1950

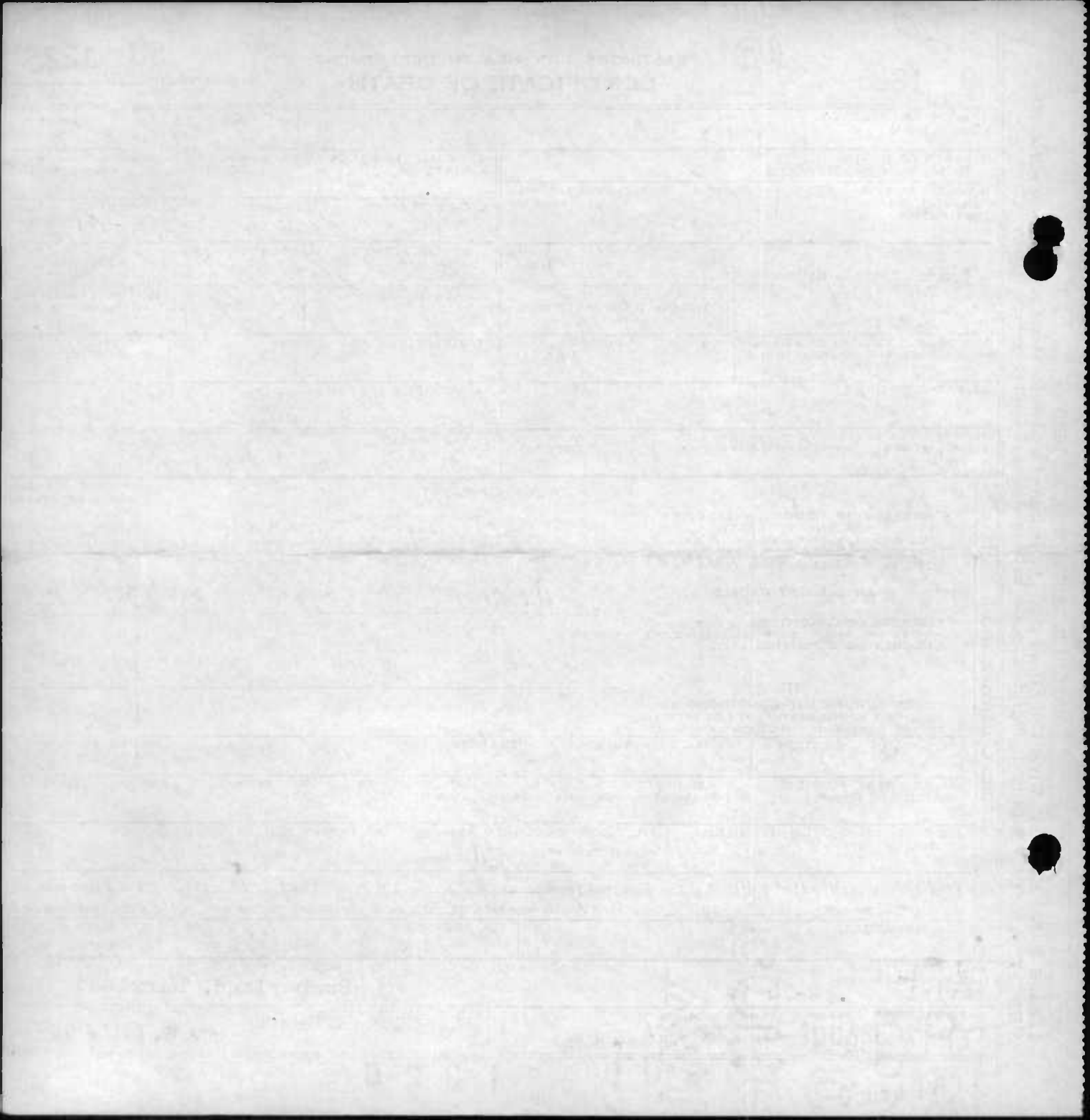
19500001225

46M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1226

W+ 320
50 1226

1. NAME OF DECEASED (Type or Print) HARRY GARFIELD WATTS			2. DATE OF DEATH FEB. 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 32 GORMAN AVENUE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-02		
C. Length of stay in Baltimore LIFE			D. STREET ADDRESS (If rural, give location) 32 GORMAN AVENUE		
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC. 5, 1886	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10B. KIND OF BUSINESS OR INDUSTRY TAVERN	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Un Known			14. MOTHER'S MAIDEN NAME Un Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 212-14-8674	17. INFORMANT ADDRESS PAULINE WATTS 32 GORMAN AVE.		

18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Artery DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			INTERVAL BETWEEN ONSET AND DEATH 3 yrs
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION Coronary Artery - Coronary		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 19 47 , to Feb 10 , 19 50 , that I last saw the deceased alive on 2/7 , 19 50 , and that death occurred at 4:35 AM. , from the causes and on the date stated above.			
23A. SIGNATURE R. P. Rubinski	M. D. 1942 U. C. B. 10 91	23B. ADDRESS 2101 Frederick Ave.	23C. DATE, SIGNED 2/17/50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE FEB. 14, 1950	24C. NAME OF CEMETERY OR CREMATORY NEW CATHEDRAL	24D. LOCATION (City, town, or county) (State) BALTIMORE, MD.
DATE RECEIVED BY LOCAL REGISTRAR FEB 11 1950	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS George L. Schwab 2101 Frederick Ave.	

James Watson

Wm. Watson - Coleridge

Wm. Watson

Wm. Watson

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1227

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA KATHERINE Fuchs

2. DATE OF DEATH
February 10 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

B. FULL NAME OF . (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

Pinecrest Nursing Home
600 Chapel Gate Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 8-03

D. STREET ADDRESS (If rural, give location)

2644 E. HOFFMAN ST.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 21-1865

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Alvsius Fuchs

14. MOTHER'S MAIDEN NAME

Helen B. Rodert

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Angela Fuchs-2644 E Hoffman

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis & MYOCARDIAL Degeneration

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arterio sclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 26, 1950, to Feb 10, 1950, that I last saw the deceased alive on Feb 9, 1950, and that death occurred at 7:45 AM., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/11/50

24A. BURIAL CREMATION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

Funerary Services, Inc.

Leonard J. Luck 5305 Hayford

VS 150

FEB 11 1950

93D

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE,
January 1, 1901.

REPORT
OF THE

ATTORNEY GENERAL,
JAMES C. CLARK,

FOR THE YEAR
1900.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS.

1901.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1228

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

2. DATE OF DEATH

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 10 1950

FEB 10 1950

FEB 10 1950

161a

OFFICE OF THE SECRETARY

WASHINGTON, D. C.

January 1, 1914

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 29th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Very truly,
The Secretary

Dr. N. Freeman
11 W. 29th St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1229

BIRTH NO. 1229

1. NAME OF DECEASED
(Type or Print)

Lucy J. Aidt

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1409 Mt. Royal Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

14-01

D. STREET ADDRESS (If rural, give location)

1409 Mt. Royal Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 6, 1860

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Brooklyn, New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Augusta J. Roche, 1409 Mt. Royal

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial failure

6 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Arteriosclerotic Heart Disease 15 yrs.
Generalized Arteriosclerosis 20 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

Malnutrition & Anemia 5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office hldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Sep 7, 1949 to Feb 10, 1950 that I last saw the
deceased alive on Feb 10, 1950 and that death occurred at 2:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Norman R. Freeman, M.D.

11 W. 29th St.

Feb 10, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-13-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Thurston Williams, M.D.

Leonard J. Ruck, 5305 Harford Rd.

FEB 11 1950

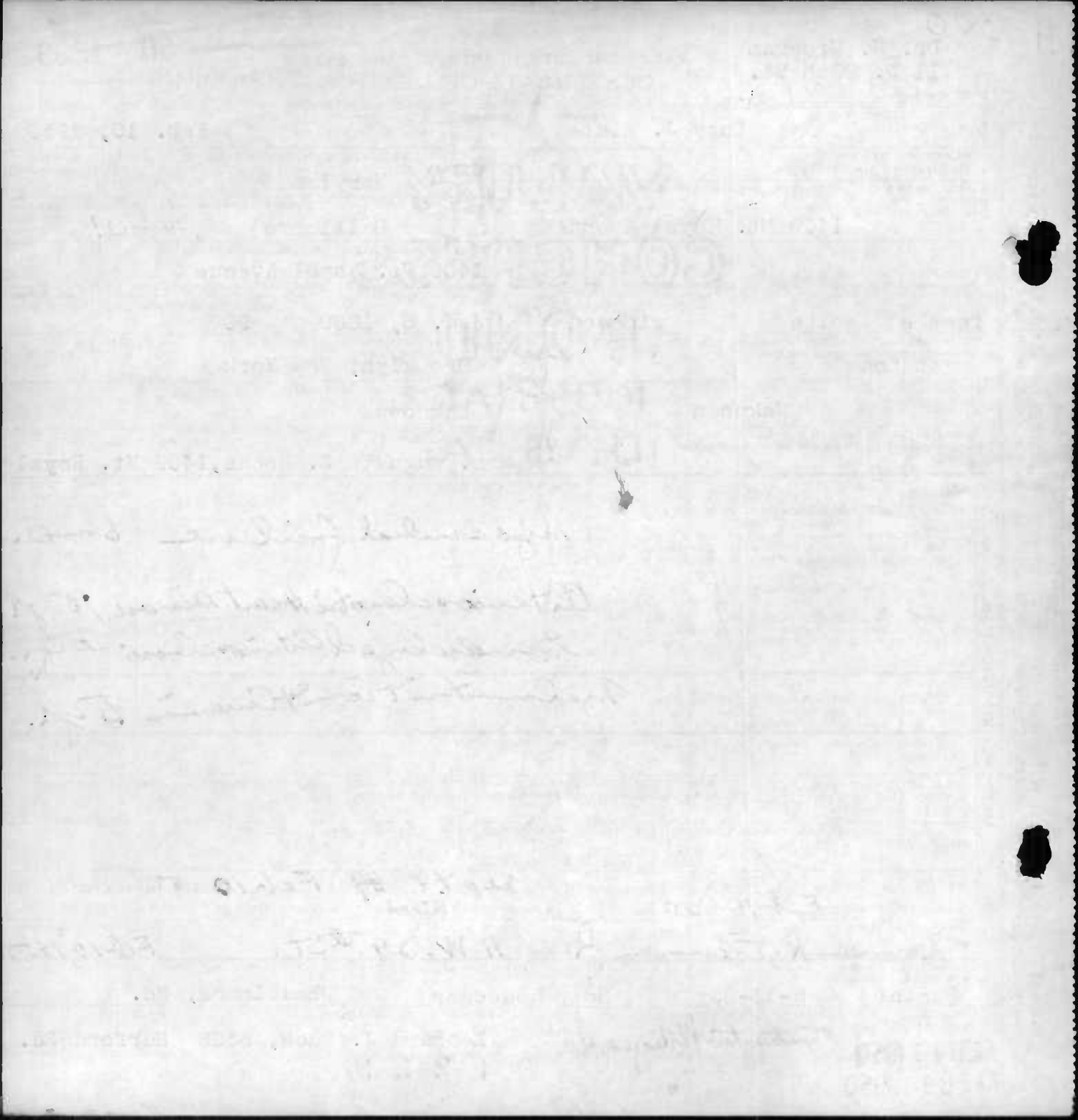
FEB 11 1950

107500001229

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



K-253
50 1230

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1230
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE KOSMIDIS		2. DATE OF DEATH February 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4315 Flowerton Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4315 Flowerton Road	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PROPRIETOR		10B. KIND OF BUSINESS OR INDUSTRY CONFECTIONARY	9. AGE (In years last birthday) 61
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>Earl L. Royer</i>		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED Feb. 11, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)	
Burial	2-13-50	Green Creek	Winchester Mill Rd	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Washington Williams, M.D.</i>	25. FUNERAL DIRECTOR		ADDRESS
FEB 12 1950		2500		440 E. North

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

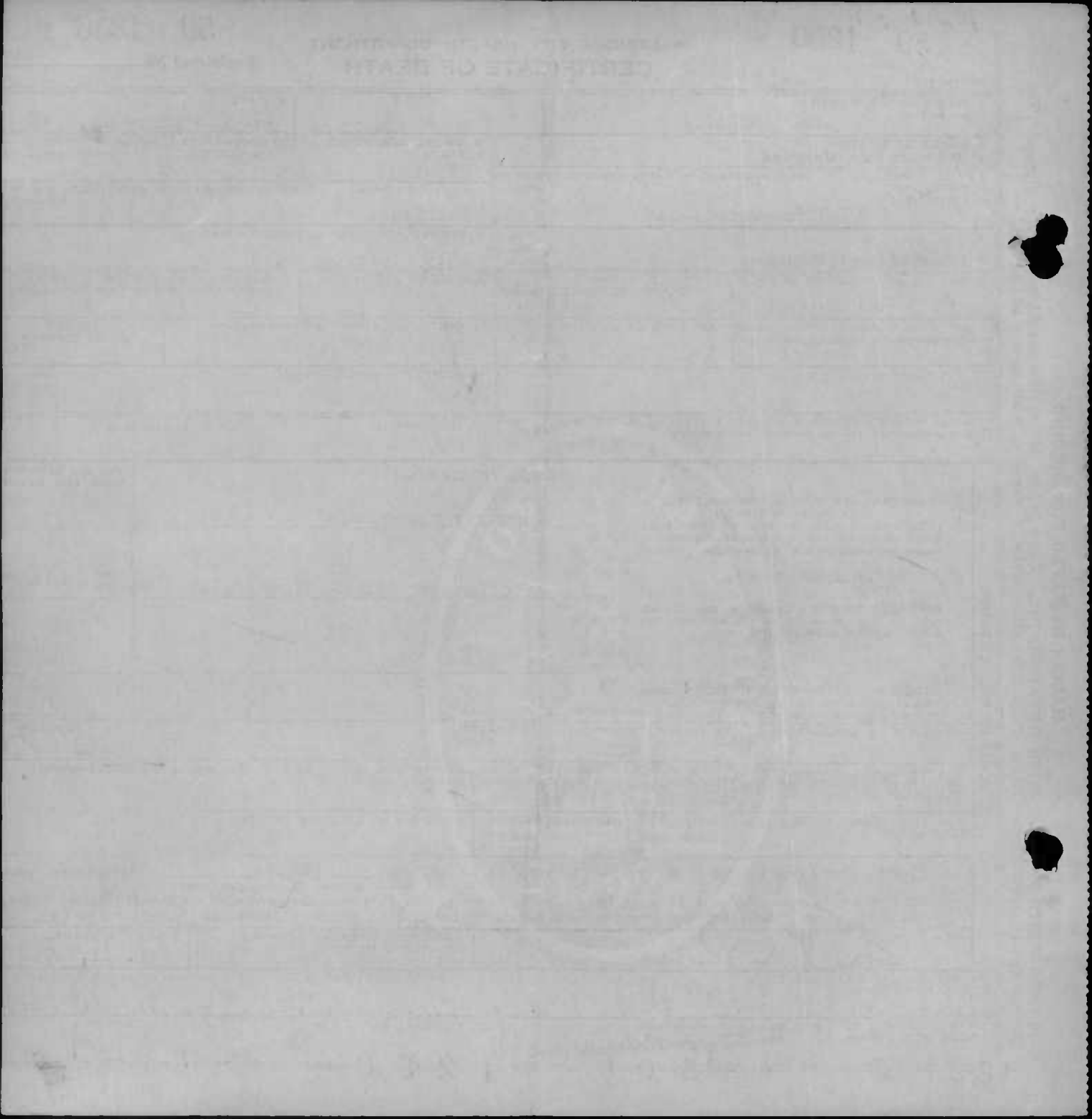
FEB 12 1950

N661

500001250

93D

IVE



W-426

50 1231

BALTIMORE CITY HEALTH DEPARTMENT

50 1231

CERTIFICATE OF DEATH 754.4 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Kenneth Walker

2. DATE
OF
DEATH

Feb 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maine

5. FULL NAME OF (If not in hospital) or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Beverly

D. STREET ADDRESS (If rural, give location)

413 Cumberland St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Child

8. DATE OF BIRTH

5-22-48

9. AGE (In years last birthday)

20 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Howard Walker

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Tricuspid atresia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Thrombosis

(C)

INTERVAL BETWEEN ONSET AND DEATH

Congenital

6 hrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/10/50

19B. MAJOR FINDINGS OF OPERATION

Tricuspid atresia

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-7-1950 to 2-11-1950, that I last saw the deceased alive on 2-11-1950, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Robert W. Kniffen, Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb 11 1950

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county) (State)

Westbrook Maine

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Theodore Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St

FEB 12 1950

VS 150

1 4 2 0 0 0 0 1 2 3 1

157E

10-10-1918
10-10-1918

10-10-1918

10-10-1918

B-216
Dr. Shilling 1232

3720 Norton Rd

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1232
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jacob E. Bechhoefer

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4901 Windsor Mill Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

28-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

4901 Windsor Mill Road

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Aug 9

9. AGE (In years last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Insurance Salesman

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Woodbury, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham L. Bechhoefer

14. MOTHER'S MAIDEN NAME

Rebecca Goldsmith

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. David Sachs, 4901 Windsor Mill Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Senescent Arteriosclerosis*
DUE TO

1 yr +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Cerebral Arteriosclerosis*
DUE TO

6 mo +

(C) *Endarteritis Obliterans*
DUE TO

6 mo +

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from *Sept 15, 1940*, to *2/11, 1950*, that I last saw the deceased alive on *2/2, 1950*, and that death occurred at *1:40* m., from the causes and on the date stated above.

23A. SIGNATURE

D. M. Shilling

M. D.

23B. ADDRESS

2416 Canton Place

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-14-50

24C. NAME OF CEMETERY OR CREMATORY

Mount Sinai

24D. LOCATION (City, town, or county)

Altoona, Pa.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

FEB 15 1950

1 9 5 0 0 0 0 1 2 3 2

97

L 1431

General Superintendent
Central Post Office
San Francisco, Cal.

Sept 12 to 14
1890

1890
1/3/1890

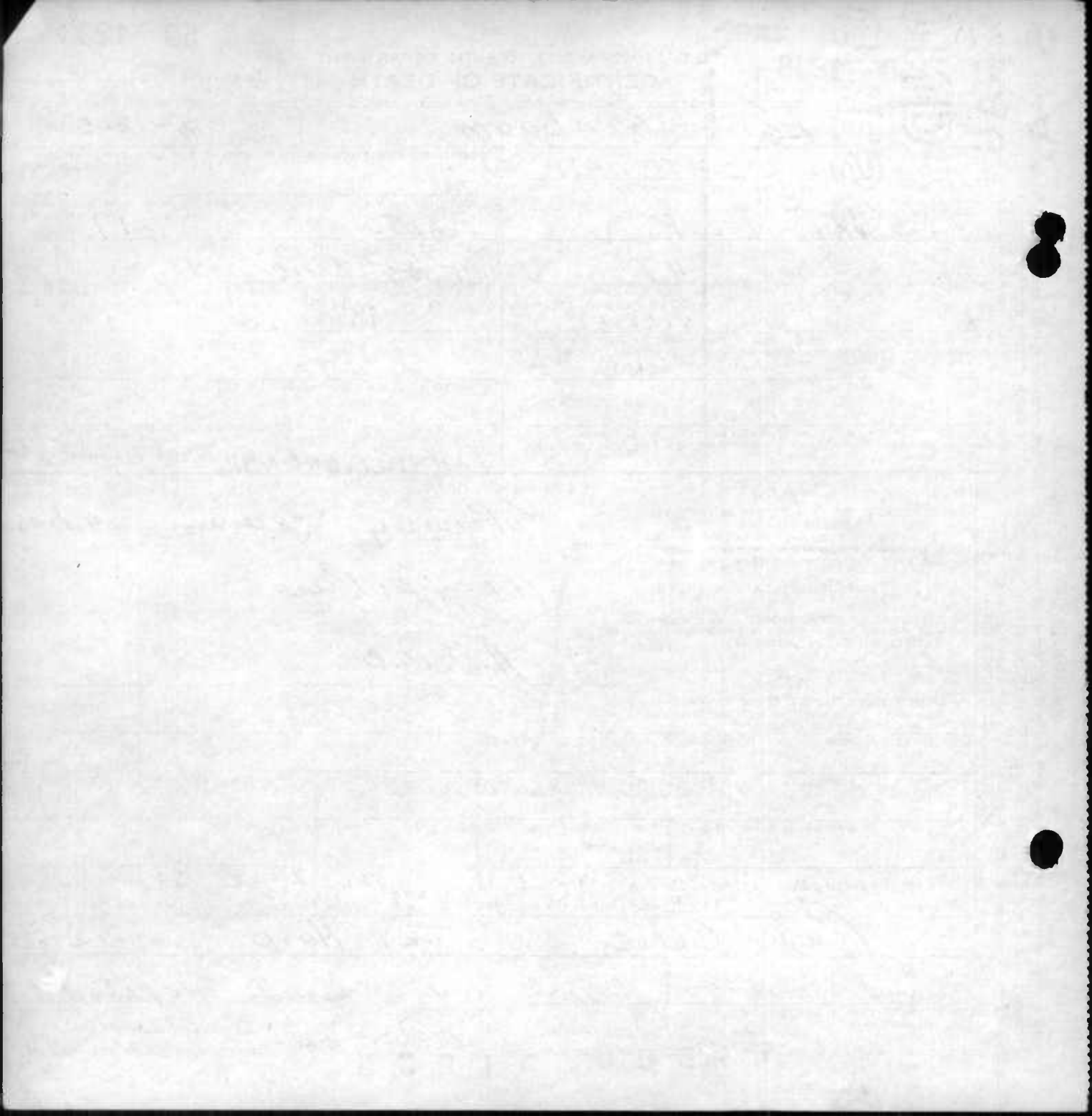
R. 515		BALTIMORE CITY HEALTH DEPARTMENT		50	1233	443	50	1233
50		1233		CERTIFICATE OF DEATH		Registered No. 33		
BIRTH NO.								
1. NAME OF DECEASED (Type or Print) <i>Louis Renbaum</i>						2. DATE OF DEATH <i>2-12-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTO. MD</i>						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>SINAI HOSP.</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>		
c. Length of stay in Baltimore <i>47</i>						D. STREET ADDRESS (If rural, give location) <i>5005 QUEENS BURY AVE</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>1879</i>	9. AGE (In years last birthday) <i>70</i>	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PROPRIETOR</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>MEN'S FURNISHINGS</i>		11. BIRTHPLACE (State or foreign country) <i>POLAND</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <i>FANNIE RENBAUM</i>		
						ADDRESS <i>5005 Queensbury Ave</i>		
18. CAUSE OF DEATH								
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Sclerosis</i>								
(A) DUE TO								
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Ht. - Fair Pure</i>								
(B) DUE TO								
<i>H. C. U. D.</i>								
(C)								
INTERVAL BETWEEN ONSET AND DEATH <i>14 hrs.</i>								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., la or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>2-11</i> , 19 <i>50</i> , to <i>2-12</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2-12</i> , 19 <i>50</i> , and that death occurred at <i>8:04</i> a. m., from the causes and on the date stated above.								
23A. SIGNATURE <i>Paul Bleier</i>			23B. ADDRESS <i>Sinai Hosp</i>			23C. DATE SIGNED <i>2-12-50</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>2-12-50</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale Cem.</i>		
24D. LOCATION (City, town, or county) (State) <i>Hamilton Ave + Phila. Rd.</i>			25. FUNERAL DIRECTOR <i>Jack Lewis Inc.</i>			ADDRESS <i>2100 Eutaw Pl. Balto. Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE <i>Wilmington Williams, M.D.</i>					

FEB 21 1950

15665

1 5 0 0 0 0 1 2 3 3

937



M-263
50 1234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 443 50 1234 Registered No.

BIRTH NO. 50 1234

1. NAME OF DECEASED (Type or Print)		FLORENCE V. McCURDY		2. DATE OF DEATH Feb. 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1142 N. Longwood St.		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 16-07			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1142 N. Longwood St.			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH Mar. 15, 1876	9. AGE (In years last birthday) 73	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME Isaac R. Bryan		14. MOTHER'S MAIDEN NAME Mary Richardson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT ADDRESS Miss Ruth McCurdy 1142 N. Longwood	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebro-Vascular Accident ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Hypertensive Cardio Vasc Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/5 1950, to 2/9 1950, that I last saw the deceased alive on 2/9 1950, and that death occurred at 2:30 m., from the causes and on the date stated above.					
23A. SIGNATURE Edward J. Hallins M. D.		23B. ADDRESS 1847 N. North Ave		23C. DATE SIGNED 2/10/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/13/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 12 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150
9500001234 93D

STATE OF NEW YORK
DEPARTMENT OF HEALTH
OFFICE OF THE COMMISSIONER
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
DATE OF BIRTH		PLACE OF BIRTH		MARRIAGE		OCCUPATION		EDUCATION		RELIGION	
CAUSE OF DEATH		MANNER OF DEATH		PERIOD OF ILLNESS		PREVIOUS ILLNESS		PREVIOUS SURGERY		PREVIOUS TRAUMA	
SIGNATURE OF PHYSICIAN		SIGNATURE OF WITNESS		SIGNATURE OF DECEASED		SIGNATURE OF NEXT OF KIN		SIGNATURE OF CLERK		SIGNATURE OF REGISTRAR	
DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE		DATE OF SIGNATURE		PLACE OF SIGNATURE	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **413 50 1235**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MRS. LILLIAN WEHNER

2. DATE
OF
DEATH

2-10-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore #16-16-05

D. STREET ADDRESS (If rural, give location)

2333 Calverton Heights Ave

c. Length of stay in Baltimore

? Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 4, 1894

9. AGE (In years last birthday)

55

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Hamilton B. Bayly

14. MOTHER'S MAIDEN NAME

Emma E. Keller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Harold C. Wehner

ADDRESS

Same as above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage, left

INTERVAL BETWEEN ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive CVD

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **2/8** 19**50**, to **2/10**, 19**50**, that I last saw the deceased alive on **2/10**, 19**50**, and that death occurred at **11:45** P.m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert J. Kravick

23B. ADDRESS

St Agnes Hospital

23C. DATE SIGNED

2/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

2/13/50

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county) (State)

Camondson Ave

DATE RECEIVED BY LOCAL REGISTRAR

FEB 12 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. Jackson Sons North Ave

ADDRESS

1915

RECEIVED

Handwritten notes and signatures, mostly illegible due to fading and bleed-through.

Handwritten notes and signatures at the bottom of the page, including a signature that appears to be "J. H. ...".

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 1236**BIRTH NO. **50 1236**1. NAME OF DECEASED
(Type or Print)**JOHN H. WELLER, Jr.**2. DATE
OF
DEATH**February 10, 1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)**West Baltimore General Hospital**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

2100 Mount Holly Street

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**widowed**

8. DATE OF BIRTH

Jan. 11, 18799. AGE (In years
last birthday)**71**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**salesman**10B. KIND OF BUSINESS OR
INDUSTRY**Coal**

11. BIRTHPLACE (State or foreign country)

Md.12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John H. Weller

14. MOTHER'S MAIDEN NAME

Johanna B. Detering15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)**no**16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Viola Niner - 292 Hooker Ave.ADDRESS
Poughkeepsie, NY

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) **Fractured skull with intracranial
hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)**street**21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?**Edmondson Ave. and Athol Avenue**21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY**February 9, 1950 10p.m.**

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Struck by auto while alighting from22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Emile L. Royce23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 11, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CATTERTON, MRS. EMMA MATILDA

2. DATE

OF

DEATH February 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE, MARYLAND

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Home for Incapables - 700 W. 40th ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Home for Incapables 700 W. 40th St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Widowed Divorced

8. DATE OF BIRTH

Nov. 15, 1892

9. AGE (In years

last birthday) 57

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JUSTUS MILLER

14. MOTHER'S MAIDEN NAME

AMELIA SMITH

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

S.E. ROSS. Home for Incapables.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Rheumatoid Arthritis - Deformans

27 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Coronary Thrombosis

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29, 1937, to 2/10, 1950, that I last saw the deceased alive on 2/9, 1950, and that death occurred at 2:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. Grafton Herperger

M. D.

23B. ADDRESS

214 Medical Arts Building

23C. DATE SIGNED

2/10/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town or county)

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Emmerton Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS Balto., Md.

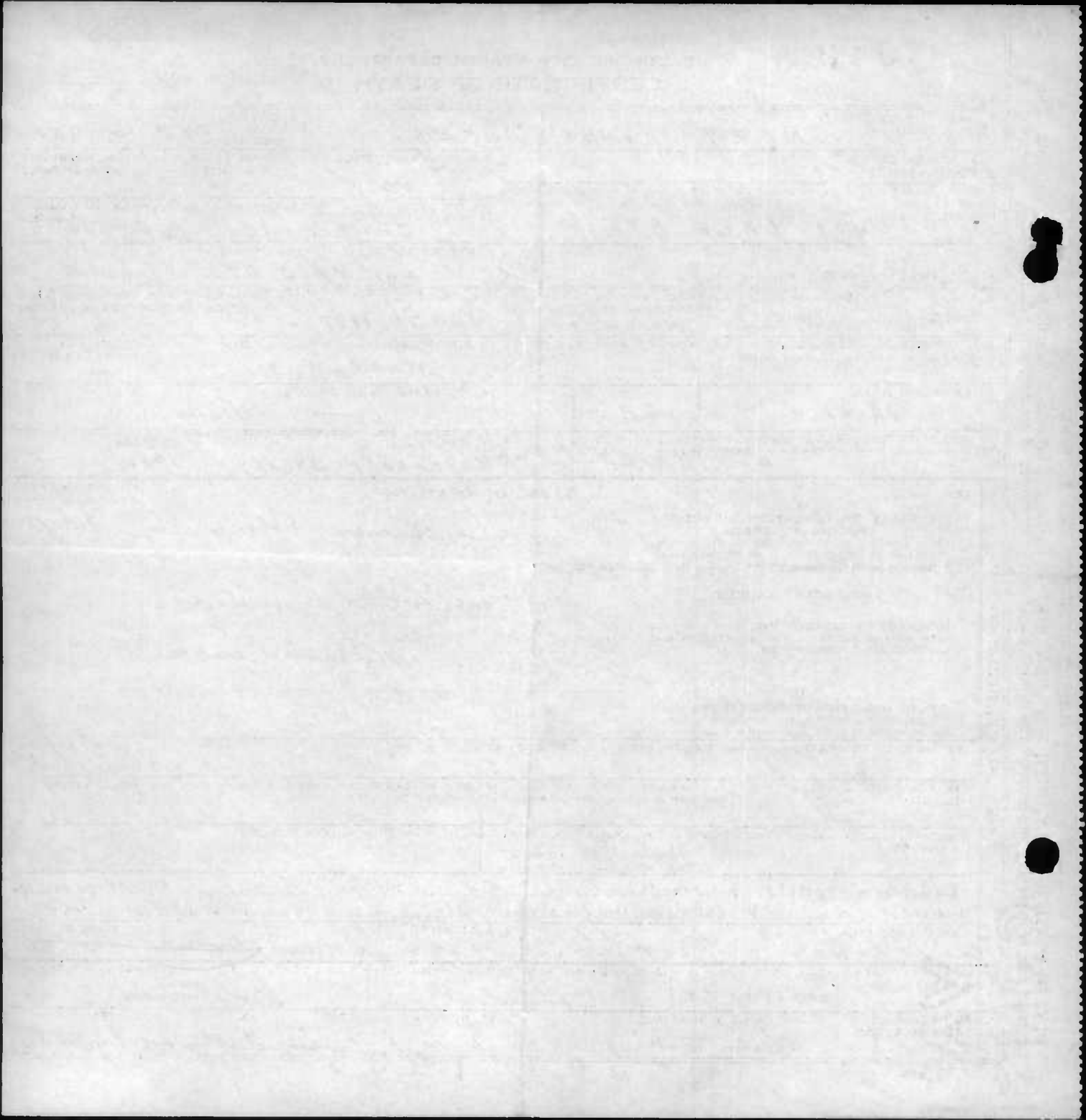
FEB 12 1950

1 4 5 0 0 0 1 2 3 7

94a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260 50 1238		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 44		50 1238 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) MARY AGNES BAKER			2. DATE OF DEATH FEB. 10, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY -		
5. FULL NAME OF HOSPITAL OR INSTITUTION 401 YALE AVE.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-08		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 401 YALE AVE.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 26, 1870	9. AGE (In years last birthday) 80	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME PATRICK CORBITT			14. MOTHER'S MAIDEN NAME Ryan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS KAVANAUGH BAKER - 401 YALE AVE.		
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intercranial Hemorrhage DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiac DUE TO (B) _____ Vascular Renal Disease (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 7 days 5 yrs.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1945 , to Feb. 10, 1950 , that I last saw the deceased alive on Feb 9, 1950 , and that death occurred at 7:09 a. m. , from the causes and on the date stated above.					
23A. SIGNATURE Alfred H. Greenberg		23B. ADDRESS 4209 Frederick Ave		23C. DATE SIGNED 2/17/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-13-50		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS George A. Farley - Fulton and Fayette St.			
DATE RECEIVED BY LOCAL REGISTRAR B 13 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		VS 150 131a	



F-540

50 1239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1239
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. John Fehnle (Fehnel)

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

219 S. Keegester Street

c. Length of stay in Baltimore

27yr.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept 1, 1884

9. AGE (In years last birthday) Months Days Hours Min.

65

10A. USUAL OCCUPATION (Give kind of work done during most of life, or if retired)

Unemployed

10B. KIND OF BUSINESS OR INDUSTRY

Ship yard

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown Fehnle

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or, unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Marie Miller, 2905 Brunswick

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary atherosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Bronchiogenic Carcinoma

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

11/15/49

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the lung

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15/1949, to 2/10/1950, that I last saw the deceased alive on 2/10/1950, and that death occurred at 9:20AM m., from the causes and on the date stated above.

23A. SIGNATURE

James S. O'Leary

M. D.

23B. ADDRESS

1400 N. Caroline Street

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Brooklyn

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1950

REGISTRAR'S SIGNATURE

Timothy William Williams, M.D.

25. FUNERAL DIRECTOR

Wilhelm

ADDRESS

1214 St Paul

VS 150

9884V

1239

47c

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-100

MS--119056

50 1240

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1240

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Duffey (Duffy)

2. DATE
OF
DEATH

2-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2013 Englewood Ave.

C. Length of stay in Baltimore

81 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Mar. 5, 1863

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Wisconsin

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records--B.C.H.--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 4-19-1948, to 2-11-1950, that I last saw the
deceased alive on 2-11-1950, and that death occurred at 6:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Rosen

M. D.

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-11-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/14/56

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc. 1217 St. Paul St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-450
50 1241

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1241
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret R. Allen

2. DATE
OF
DEATH

2/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Balto. General Hospital

C. CITY OR TOWN

Balto. 13-06

D. STREET ADDRESS (If rural, give location)

3405 Chestnut Ave

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

2/18/1885

9. AGE (In years last birthday)

64

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

11 23

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR INDUSTRY

D. Shine Brush Co

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Slough

14. MOTHER'S MAIDEN NAME

Lucy Hartless

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ethel Brown Rt 4 Pasadena P.O.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

10 1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Panhenocystopenia

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Blood dyscrasia of indeterminate type

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK

NOT WHILE AT WORK

22. I hereby certify that I attended the deceased from Feb. 11, 1950, to Feb. 11, 1950, that I last saw the deceased alive on Feb. 11, 1950, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Mary C. Connelley, M.D.

23B. ADDRESS

So. Balto. Gen. Hosp. 2/11/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Green Haven

24D. LOCATION (City, town, or county)

A.A. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. G. G. Inc. 1217 St. Paul St.

K-523

50 1242

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

X 50 1242

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Knight

2. DATE
OF
DEATH4 yr. 1
2-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mercy Hospital

C. CITY OR TOWN

Brooklyn

O. STREET ADDRESS (If rural, give location)

Rural

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow.

8. DATE OF BIRTH

3/3/1870

9. AGE (In years last birthday)

79

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Albert Krieg

14. MOTHER'S MAIDEN NAME

Anna (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Catherine Hopkins

ADDRESS

2119 E. Paga. Phila. Pa.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Bronchial Pneumonia

5 das.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Aortic disease with congenital ?

(C)

Malnutrition

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11-18, 1949, to 2-10, 1950, that I last saw the deceased alive on 2-10, 1950, and that death occurred at 4:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford S. Riedel Jr.

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

2-10-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 13 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. Cook, Inc. 1217 St. Paul St.

ADDRESS

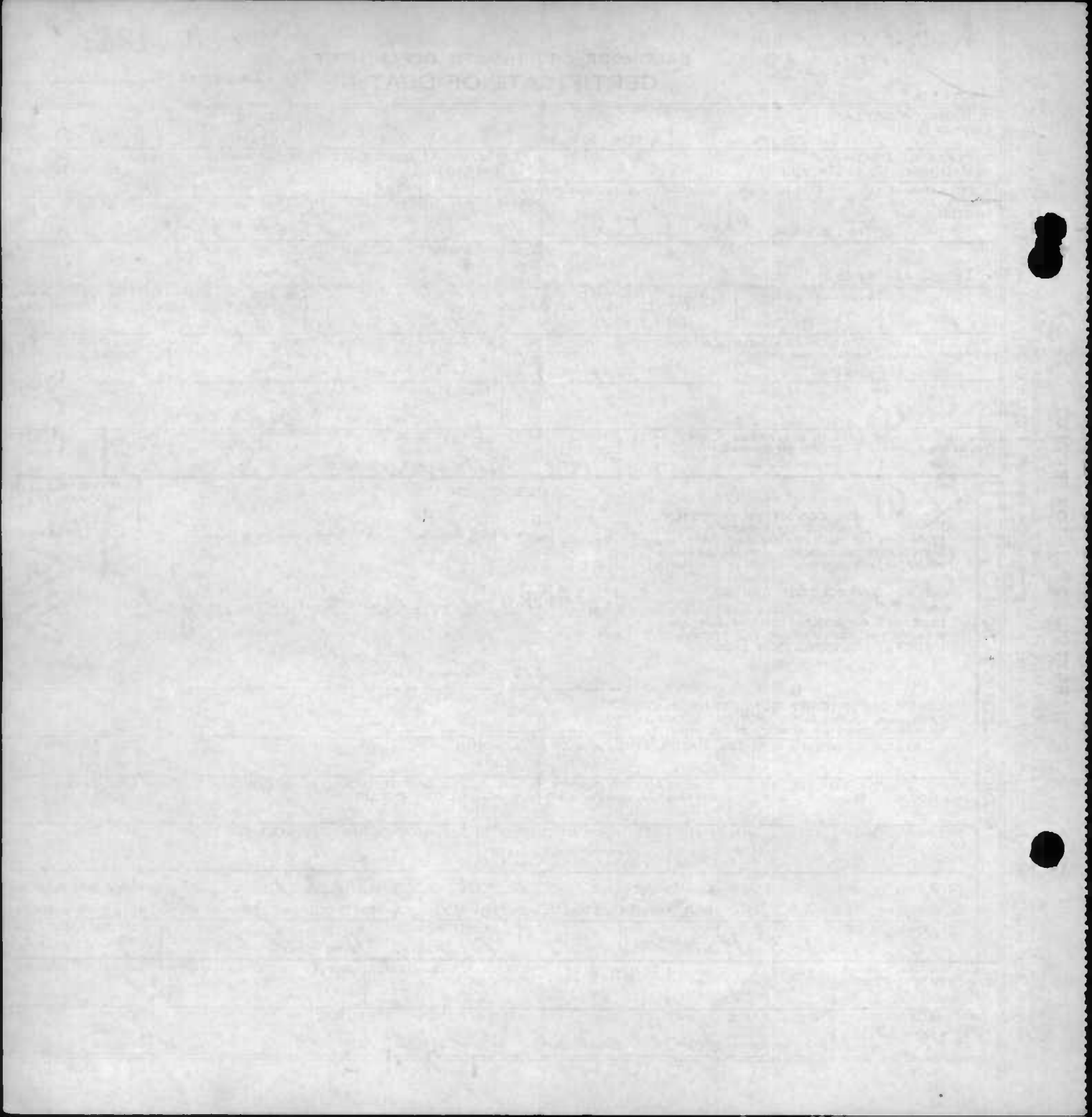
VS 150

10500001242

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank W. Ernst

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital (DOR)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

6-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

321 N. Ellwood Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

6/19/1887

9. AGE (In years last birthday)

62

10. Under 1 Year
Months: Days: Hours: Min.

7 22

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Conductor

10B. KIND OF BUSINESS OR INDUSTRY

Brookland P. R. R.

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chas. N. Ernst

14. MOTHER'S MAIDEN NAME

Anna (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank M. Ernst 67 W. 4th St. Baltimore

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

C. M. H. Karmann, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 11, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/50

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

a.a.co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Cook Inc 1217 St. Paul St.

VS 151

10247

1950 00 1243

94a

✓

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. City and county		14. State		15. Date of filing	
16. Name of funeral home		17. Address of funeral home		18. City and county		19. State		20. Date of filing	
21. Name of funeral home		22. Address of funeral home		23. City and county		24. State		25. Date of filing	
26. Name of funeral home		27. Address of funeral home		28. City and county		29. State		30. Date of filing	
31. Name of funeral home		32. Address of funeral home		33. City and county		34. State		35. Date of filing	
36. Name of funeral home		37. Address of funeral home		38. City and county		39. State		40. Date of filing	
41. Name of funeral home		42. Address of funeral home		43. City and county		44. State		45. Date of filing	
46. Name of funeral home		47. Address of funeral home		48. City and county		49. State		50. Date of filing	
51. Name of funeral home		52. Address of funeral home		53. City and county		54. State		55. Date of filing	
56. Name of funeral home		57. Address of funeral home		58. City and county		59. State		60. Date of filing	
61. Name of funeral home		62. Address of funeral home		63. City and county		64. State		65. Date of filing	
66. Name of funeral home		67. Address of funeral home		68. City and county		69. State		70. Date of filing	
71. Name of funeral home		72. Address of funeral home		73. City and county		74. State		75. Date of filing	
76. Name of funeral home		77. Address of funeral home		78. City and county		79. State		80. Date of filing	
81. Name of funeral home		82. Address of funeral home		83. City and county		84. State		85. Date of filing	
86. Name of funeral home		87. Address of funeral home		88. City and county		89. State		90. Date of filing	
91. Name of funeral home		92. Address of funeral home		93. City and county		94. State		95. Date of filing	
96. Name of funeral home		97. Address of funeral home		98. City and county		99. State		100. Date of filing	

50 1244

0-350

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

X 50 1244 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank J. Otten

2. DATE
OF
DEATH

2/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Howard

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Ellicott City 63-00

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11/27/1878

9. AGE (In years
last birthday)

71

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sailor

10B. KIND OF BUSINESS OR
INDUSTRY

Howard County

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John J. Otten

14. MOTHER'S MAIDEN NAME

June Bow

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

220-67-5279

17. INFORMANT

Eleanor Otten

ADDRESS

(Same as above)

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized peritonitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Leak of end to end sigmoid
anastomosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular Disease

?

19A. DATE OF OPERATION

2/3/50

19B. MAJOR FINDINGS OF OPERATION

Annular carcinoma of sigmoid colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/18, 1950, to 2/11, 1950, that I last saw the deceased alive on 2/11, 1950, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Herbert J. Rickas

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-14-50

24C. NAME OF CEMETERY OR CREMATORY

St Marys

24D. LOCATION (City, town, or county)

Ellicott City

(State)

md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 13 1950

REGISTRAR'S SIGNATURE

Herbert J. Rickas

25. FUNERAL DIRECTOR

G. O. Dig in botham, Ellicott City

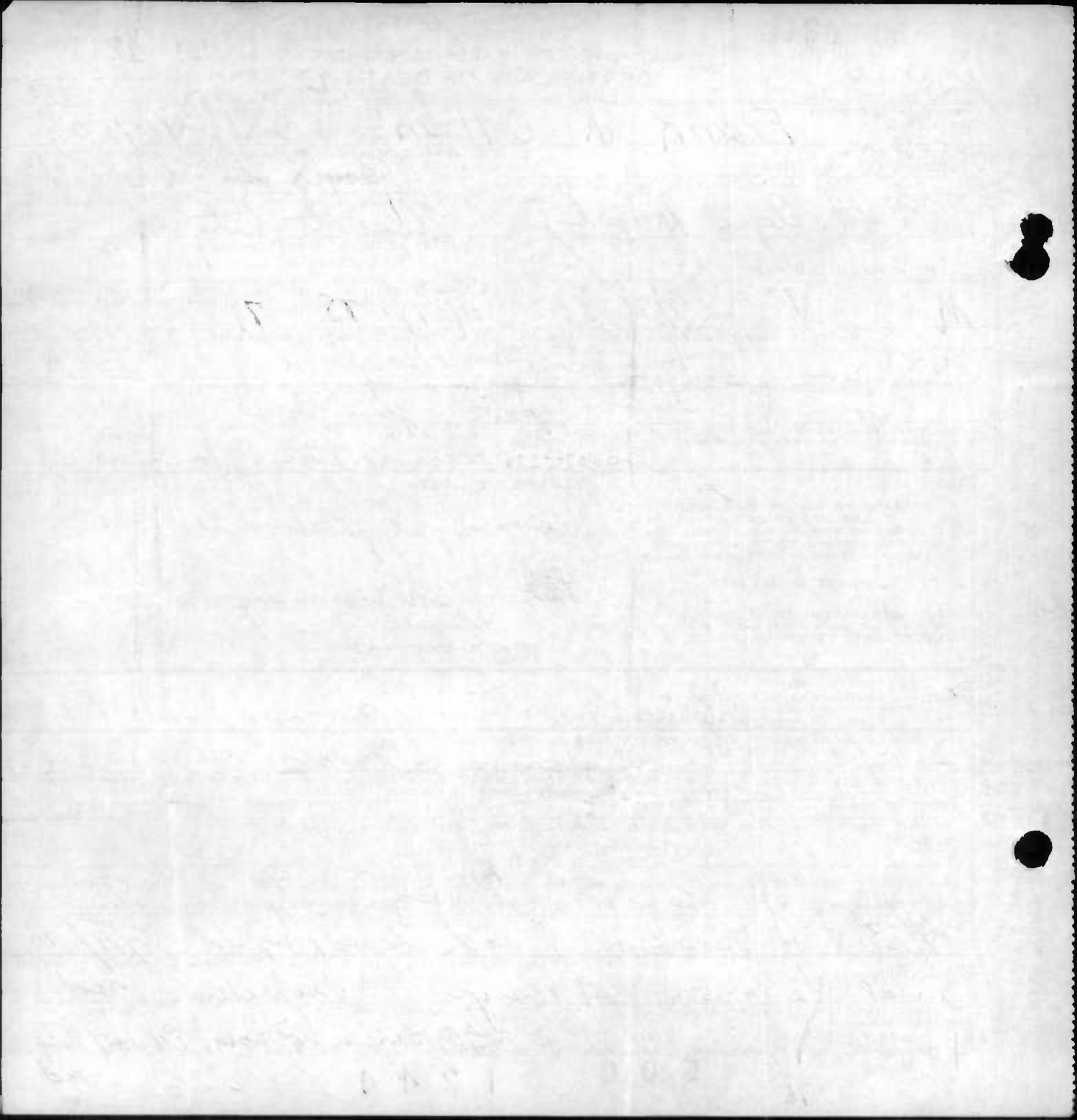
ADDRESS

md

VS 150

11898 1 5 0 0 0 0 1 2 4 4

46E



50 1245

50 1245

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

George E. Gude

2. DATE
OF
DEATH

Feb 9 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

at home 3613 Old York Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

3613 Old York Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3613 Old York Road

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Police Sgt Retired

10B. KIND OF BUSINESS OR INDUSTRY

Balto Police Dept

13. FATHER'S NAME

Frederick Gude

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

June 7 1874

9. AGE (In years, last birthday)

75

11 Under 1 Year
Months: Days

12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Don't know

17. INFORMANT

ADDRESS

Mrs Margaret Gude 3613 Old York Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis - uidef

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Asthenia Sclerosis
Chronic Nephritis uidef

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July 2, 1949, to Sept 9, 1950, that I last saw the deceased alive on Sept 9, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 13 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St

VS 150

FEB 13 1950

60498

500001245

1310

John W. Johnson
John W. Johnson
John W. Johnson

John W. Johnson
John W. Johnson
John W. Johnson

G-610
50 1246

50 1246

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

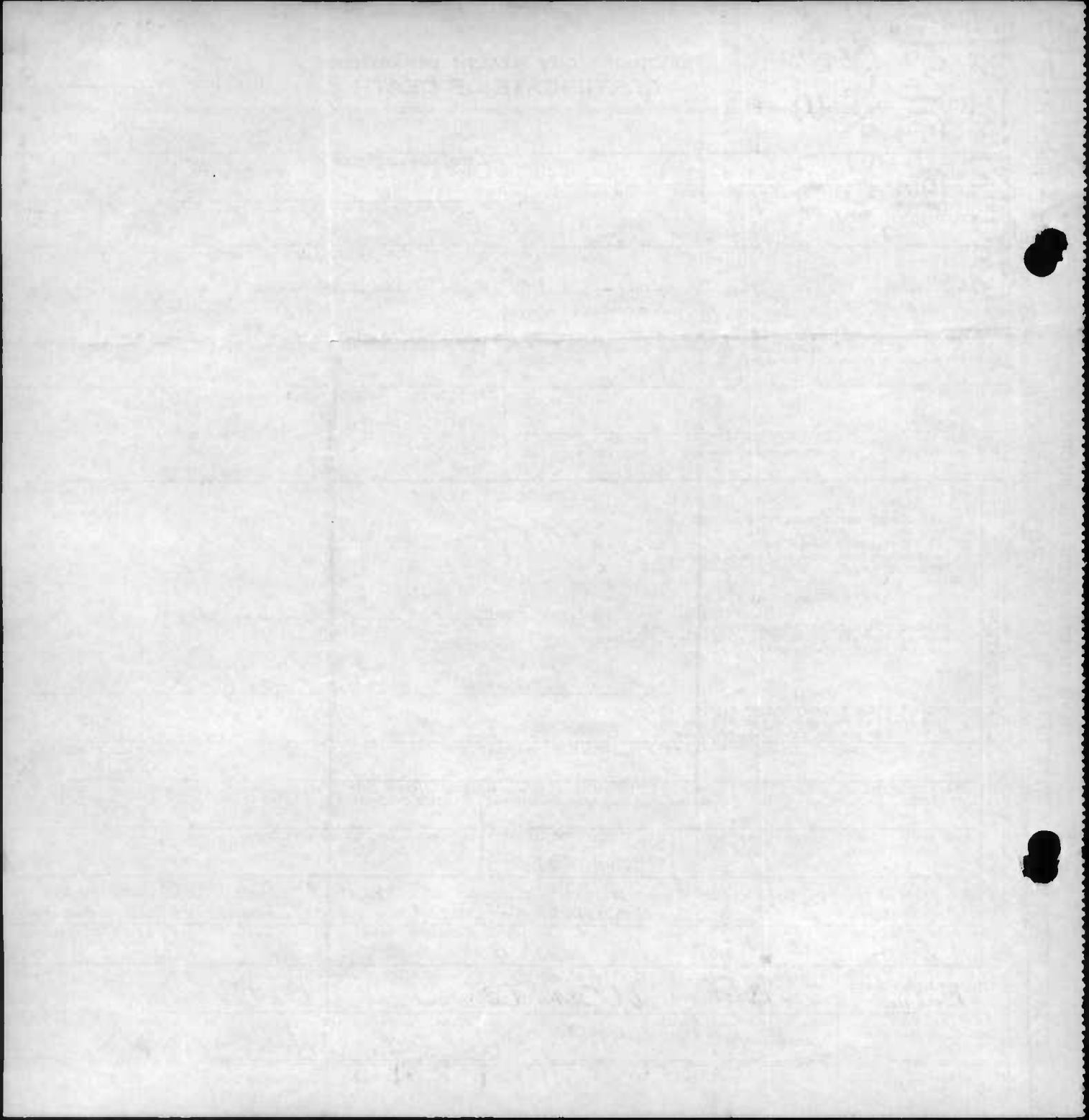
Registered No. _____

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) LAURA K GROVE	
2. DATE OF DEATH Feb 10 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4701 Huford Road	
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 26-06 D. STREET ADDRESS (If rural, give location) 6700 Railway Ave	
c. Length of stay in Baltimore life	
5. SEX Female	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH August 11 1862
9. AGE (in years last birthday) 87	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY at home
13. FATHER'S NAME George Cooper	14. MOTHER'S MAIDEN NAME Geoianna Martin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT Mrs W G Jackson 6700 Railway Ave	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Failure DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Bronchial pneumonia DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Generalized arterio Sclerosis		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1947 to 2-10 , 1950, that I last saw the deceased alive on 2-10 , 1950, and that death occurred at 1:30 Pm. , from the causes and on the date stated above.		
23A. SIGNATURE Eugene F. Neve	23B. ADDRESS 7001 Monmouth Rd. Dundalk Md	23C. DATE SIGNED 2-10-50
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE Feb 13/50	24C. NAME OF CEMETERY OR CREMATORY Wheaton
24D. LOCATION (City, town, or county) Balto		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Ullrich Funeral Home 2008 Calver

FEB 13 1950

107



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Margaret Fortenbaugh

2. DATE
OF

DEATH Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4702 Harford Road,

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Harford Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore-

D. STREET ADDRESS (If rural, give location)

5006 Ross Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 1, 1872

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Nauman

14. MOTHER'S MAIDEN NAME

Catherine Helfenbein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Heimbuch 850 Abbott Court

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

aortic insufficiency

in Rm

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 1947, to Febr., 1950, that I last saw the
deceased alive on February 6, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. J. H. Brown

23B. ADDRESS

1623 E. N. Avenue

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

St. Matthew's

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2008 Orleans St.,

FEB 13 1950
VS 150

92a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1248

50 1248

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Whitfield Belt

2. DATE
OF
DEATH

FEB. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

2799 1/2 ALAMEDA BLVD. BALTO

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

MD. 9-06

2799 1/2 ALAMEDA BLVD.

O. STREET ADDRESS (If rural, give location)

2799 1/2 ALAMEDA BLVD.

c. Length of stay in Baltimore

50 YRS.

5. SEX

M

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

OCT. 12 1876

9. AGE (In years last birthday)

73

If Under 1 Year Months: Days

3 29

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MACHINIST, RETIRED

10B. KIND OF BUSINESS OR INDUSTRY

SHIPBUILDING

11. BIRTHPLACE (State or foreign country)

PHOENIX MD.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

EBENEZER BELT

14. MOTHER'S MAIDEN NAME

ARIETTA GREEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

217-12-0018

17. INFORMANT

MRS FRANK GLOVER

2799 1/2 ALAMEDA BLVD.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, lobar

2 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Heart disease, chronic myocarditis 2 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 6, 1950, to FEB 11, 1950, that I last saw the deceased alive on FEB 11, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Rollin P. Hudson

M. D.

23B. ADDRESS

Towson Md

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

TUE. FEB. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

VERNON, WHITE HALL

24D. LOCATION (City, town, or county)

WHITE HALL MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. W. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Henry W. Jenkins & Sons Co

1485 York Rd.

Balt. 12 Md. 108

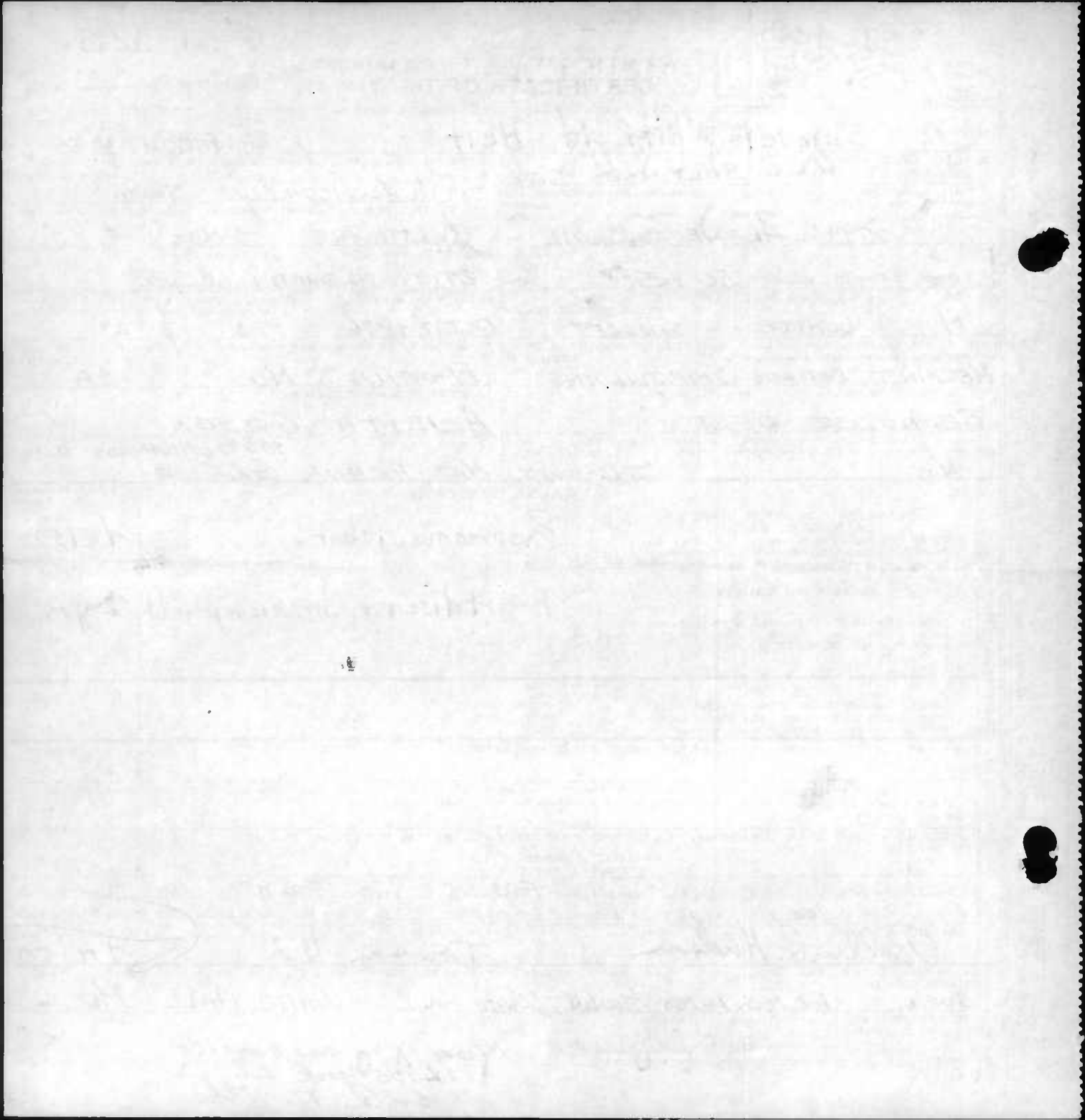
FEB 13 1950

3264V

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN PENCIL, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



R-163 50 1249		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		410 50 1249 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Katherine Rafferty (Or Catherine)				2. DATE OF DEATH Feb. 11, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 4215 Kenshaw Ave., 61 Yrs.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, 28-01	
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 4215 Kenshaw Ave.,	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 7, 1874	9. AGE (In years, last birthday) 75 H Under 1 Year Months Days H Under 24 Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel McDonald,			14. MOTHER'S MAIDEN NAME unknown, ✓		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Clinton E. Rafferty, 4215 Kenshaw Ave.,		
18. CAUSE OF DEATH					
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Chronic Mitral Endocarditis Inflamm.				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Cardiac Deconferation unknown					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) Chronic Rheumatism				many yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec 30, 1944, to 2/11, 1950 that I last saw the deceased alive on 2/11, 1950, and that death occurred at 7 P.M., from the causes and on the date stated above.					
23A. SIGNATURE G. B. Busor M. D.		23B. ADDRESS 7201 York Rd		23C. DATE SIGNED 2/13/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/14/50		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR		24H. ADDRESS 4611 Park Heights Ave.		24I. VS 150	

RECORDS OF THE
COURT OF COMMONS

IN THE YEAR 1791

IN THE COURT OF COMMONS

IN THE YEAR 1791

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

1791

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

IN THE COURT OF COMMONS

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Ethel Keener

2. DATE
OF
DEATH

2-12-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1150 Armisteadt Way

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto - Md. 26-34

D. STREET ADDRESS (If rural, give location)

1150 Armisteadt Way

c. Length of stay in Baltimore

5

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 13-1898

9. AGE (In years
last birthday)

51

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Webster Spring W. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Herman Bender

14. MOTHER'S MAIDEN NAME

Rose L. Woods

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

✓

16. SOCIAL SECURITY NO.

✓

17. INFORMANT

ADDRESS

Herman Keener - 1150 Armisteadt Wy.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Barbiturate poisoning*

DUE TO

ANTECEDENT CAUSES

(B) *Acute alcoholism*

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1150 Armistead Way

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 12, 1950

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Ingestion of multiple tablets

22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl H. Rogers

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

17 Feb 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-16-50

24C. NAME OF CEMETERY OR CREMATORY

Linnton

24D. LOCATION (City, town, or county)

Chabokburg W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler 403 S. W. 4th St.

VS 131 13 1950

500

1250

16312

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : DIRECTOR, FBI (100-388610)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: JAMES EARL RAY, AKA

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

RE: NEW YORK TELETYPE TO BUREAU, 1/11/68

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

150 1251
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JEANETTE W. McMILLAN		2. DATE OF DEATH February 10, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2507 St. Paul Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH May 9, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Samuel McMillan		11. BIRTHPLACE (State or foreign country) Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Victoria McLaughlin	
17. INFORMANT Mr. Warren Arnold		ADDRESS 17 E. Saratoga St.	

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

ORS Fisher

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED **Feb. 11, 1950**

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/14/50

Lorraine Cem.

Woodlawn, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

13 1950

Washington Williams, M.D.

WM. J. TICKNER & SONS

Balto., Md.

150 0000 1251

937

✓

DEPARTMENT OF HEALTH

1918

1918

A-425 1252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1252
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. ALEXANDER

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

4406 Adelle Terrace

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4406 Adelle Terrace

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

June 21, 1893

9. AGE (In years last birthday) Months Days Hours Min.

66

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Owner (retired)10B. KIND OF BUSINESS OR INDUSTRY
Ice & Coal

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Alexander

14. MOTHER'S MAIDEN NAME

Mary Duckett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Paul Brown

4106 Woodhaven Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Endocarditis

unknown

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Intestinal Neoplasia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1949 to 2-10, 1950 that I last saw the deceased alive on 2-10, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Wilkins

M. D.

23B. ADDRESS

2151- Wilkins Ave

23C. DATE SIGNED

2-11-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

VS 150

156 77 9 5 0 0 0 0 1 2 5 2 131B

378

DATE OF BIRTH: 1900

CERTIFICATE OF DEATH

DECEASED: JAMES J. HARRIS

DATE OF DEATH: 1950

PLACE OF DEATH: 1000

CAUSE OF DEATH: 1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

1000

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1253
K-155

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1253
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY J. KAUFMANN

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1324 Northview Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-09

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1324 Northview Rd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

Aug. 3, 1870

9. AGE (In years last birthday) If Under 1 Year Months Days If Under 24 Hours Hours Min.

79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cabinet Maker

10B. KIND OF BUSINESS OR INDUSTRY
Furniture

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Helfrich Kaufmann

14. MOTHER'S MAIDEN NAME

Johannas -

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

Mr. Carl P. Kaufmann 1324 Northview Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coronary Failure

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Generalized Arterio-sclerosis
Cardiovascular Renal Disease

5 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15/45, 19, to 2/11, 1950, that I last saw the deceased alive on 2/11, 1950 and that death occurred at 6 a.m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1950

WM. J. TICKNER & SONS

Balto., Md.

CERTIFICATE OF BIRTH

1950

NAME OF CHILD

DATE OF BIRTH

PLACE OF BIRTH

SEX

AGE

RELIGION

SIGNATURE OF FATHER

SIGNATURE OF MOTHER

OFFICIAL

DATE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F-300

50 1254

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH470. 50 1254
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel W. Feit

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Anac Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

15-12

D. STREET ADDRESS (If rural, give location)

3467 Cottage Ave

c. Length of stay in Baltimore

42 Yrs

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 15, 1892

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Slip Over Business

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bernard Feit

14. MOTHER'S MAIDEN NAME

Fannie Krieger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rose Feit 3467 Cottage Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Failure

DUE TO

1 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Coronary Thrombosis with
Myoc. Infarction

DUE TO

3 days

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hypertensive H Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1950, to 2/12, 1950, that I last saw the
deceased alive on 2/12, 1950, and that death occurred at 10:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Karl E. Hassel

M. D.

23B. ADDRESS

Anac Hosp

23C. DATE SIGNED

2/12/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 13, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Herring Run Cemetery

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros 1126 W North Ave

FEB 13 1950

VS 150

15685 9500001254

937

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

101

S-CERTIFICATE CORRECTED

2-15-50

SIMPSON

50 1255

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 1255

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH (SIMPSON) SIMPSON

2. DATE
OF
DEATH

Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

862 PIERCE STREET

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

862 Peirce Street

c. Length of stay in Baltimore

50 years

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb., 22 1880

9. AGE (In years

last birthday)

69

11 Under 1 Year

Months Days

11 21

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

St. Mary's Co., Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William S. Watts

14. MOTHER'S MAIDEN NAME

Kate ???

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Austin (Simpson), 862 Pierce Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Antennectic Dent Disease ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/10, 1949, to 2/11/50, that I last saw the deceased alive on 2/11/50, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Mae Carver

23B. ADDRESS

253 Gay St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-15-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

(State)

Baltimore 30, Md.,

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William G. Jackson, 916 Penna., Ave

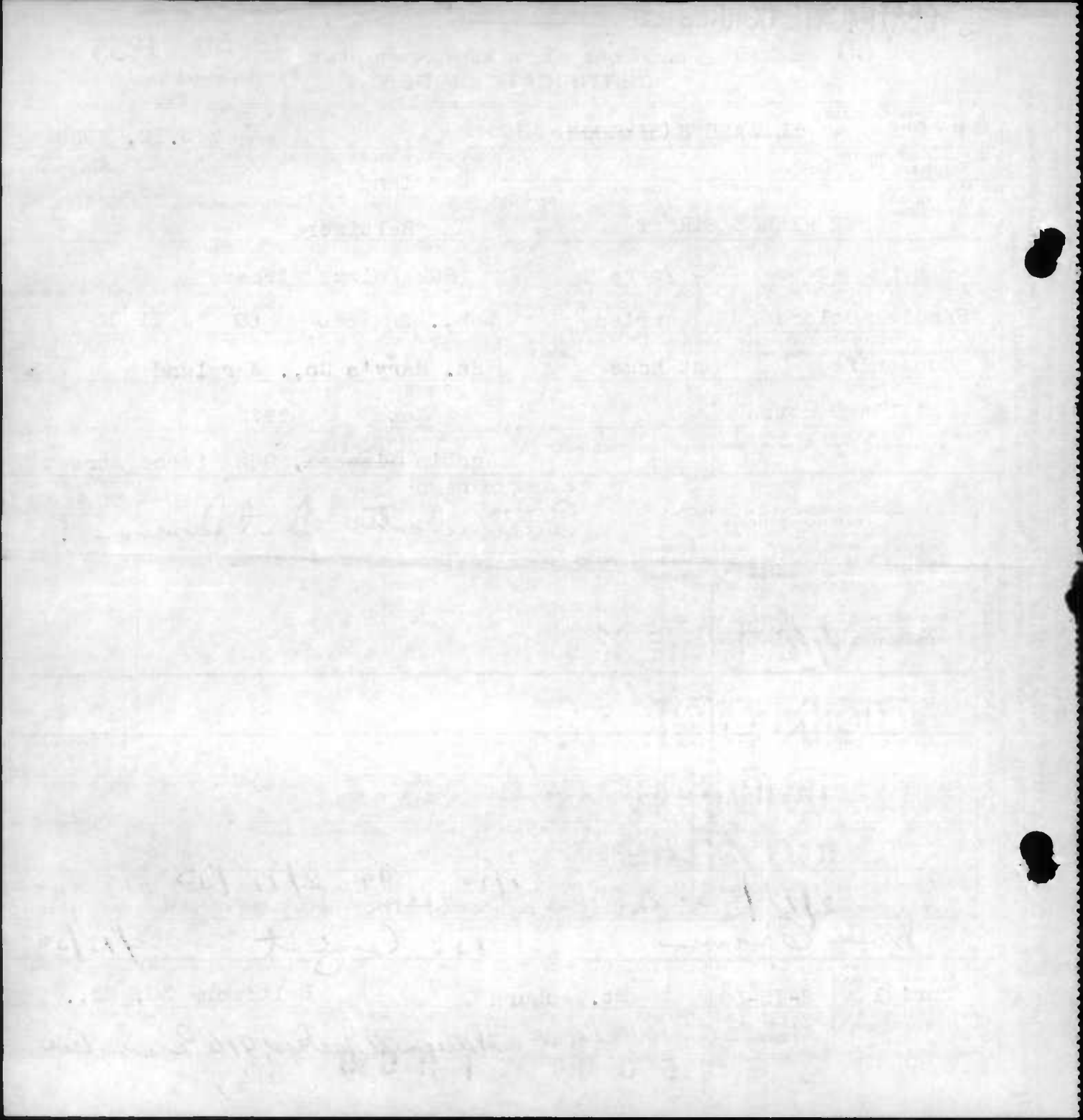
FEB 13 1950

50 1255

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



P-362

50 1256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX 50 1256
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Sylvester Patterson*

151

2. DATE
OF
DEATH*February 11, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION*South Baltimore General Hosp.*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

8140 Bullneck Road

5. SEX

M.

6. COLOR OR RACE

*W*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*M*

8. DATE OF BIRTH

*Sept. 15, 1906*9. AGE (In years
last birthday)*43*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Wireman*10B. KIND OF BUSINESS OR
INDUSTRY*Bethlehem Steel Co.*

11. BIRTHPLACE (State or foreign country)

*Glen Spring, Pa.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Patterson

14. MOTHER'S MAIDEN NAME

*Mollie King*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)*no.*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fay B. Patterson, 8140 Bullneck Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*Malnutrition**24 hrs*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

*Esophageal Obstruction**48 hrs*

DUE TO

*Carcinoma of stomach**4 mos*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of cardia of stomach

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *October 1949* to *Feb.*, 1950, that I last saw the
deceased alive on *Feb. 11*, 1950, and that death occurred at *6:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Marion C. Insley, Jr. M. D.

23B. ADDRESS

S. Balt. Gen. Hosp.

23C. DATE SIGNED

*2/11/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Roland L. Fisher, 2112 Dundalk Ave.

FEB 13 1950

31429

1950 00001256

46B

CERTIFICATE OF DEATH

COMING TO THE

WINTER

SEE DATE

DATE

DATE

S-320
50 1257

CERTIFICATE CORRECTED
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1257

Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <u>2/11/50</u>		
1. NAME OF DECEASED (Type or Print) <u>Donald S. Stukey</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Md.</u> B. COUNTY <u>Prince George Co.</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Agnes Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hyattsville, Md.</u>		
c. Length of stay in Baltimore <u>4</u> Yrs. <u>4</u> Mos. <u>4</u> Days			D. STREET ADDRESS (If rural, give location) <u>5912 Landover Road</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 17, 1909</u>		9. AGE (In years last birthday) <u>40</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor U. S. Public Health Serv.</u>			10B. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Nebraska</u>
13. FATHER'S NAME <u>William D. Stukey</u>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		
14. MOTHER'S MAIDEN NAME <u>Myrtle Evelyn Stave Staves</u>			17. INFORMANT ADDRESS <u>Mrs. Loyce G. Stukey 5912 Landover</u>		

18. <u>E816.4</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Crushed Chest</u> DUE TO _____	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____	(B) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO _____	(C) _____	

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>U.S. Route #1, Savage, Maryland</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>February 8, 1950 5:30 P. m.</u>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Auto & Auto Collision</u>
22. I certify that I took charge of the remains described above, held an _____ thereon and from _____ the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <u>[Signature]</u>	23B. CHIEF MEDICAL EXAMINER _____ M.D.	23C. DATE SIGNED <u>12 Feb 50</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>2/15/50</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Fort Lincoln</u>
24D. LOCATION (City, town, or county) <u>Bladensburg, Md.</u>	(State) _____	

DATE RECEIVED BY LOCAL REGISTRAR <u>13 1950</u>	REGISTRAR'S SIGNATURE <u>Thurston Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Lo. W. Meeks and Son 804 N. Calvert St.</u>	ADDRESS _____
---	--	---	---------------

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

N-862.25 U 037697 257

170c

63138

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1258

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES F. FARMER

2. DATE
OF
DEATH

February 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2909 Silver Hill Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
location)

2909 Silver Hill Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-02

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2909 Silver Hill Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 26 1898

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Claim Adjuster

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. Gov't.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Q. Farmer

14. MOTHER'S MAIDEN NAME

Mary Fitzpatrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War 2

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary L. Farmer 2909 Silver Hill Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Earl L. Boye

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
Feb. 11, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 14 1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

4204 Ridgewood Ave

FEB 13 1950

VS 151

200 97

2558

93D

CERTIFICATE OF DEATH

1. Name of deceased



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-140

50

1259

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 50 1259

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rose Duwall 492

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 600 Chapel Gate

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Pine Crest San

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Annapolis Md

D. STREET ADDRESS (If rural, give location)

1000 Bay Ridge Rd.

c. Length of stay in Baltimore

7 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 14-1874

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

A. A. Co. Md

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Geo. Brice

14. MOTHER'S MAIDEN NAME

Ida Stinchcomb.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Orlando H. Duwall Annapolis Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia, type unknown

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Chronic Myocarditis + Myocardial Degeneration, not Rheumatic Generalized Arteriosclerosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 2, 1948, to Feb. 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 5:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W Fayette St

23C. DATE SIGNED

2/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

2/13/50

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Annapolis Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Amington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

E W Lamoreau 1003 W Balto St.

FEB 13 1950

190500001259

93D

GEORGE W. B. DILLON

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSE M. KITKO

2. DATE
OF
DEATH

Feb. 10/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE MD

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1250 S. Ellwood AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO MD 1-01

D. STREET ADDRESS (If rural, give location)

1250 S. ELLWOOD AVE

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

FEMALE WHITE

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

MAR 5/1894 53

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Grocery Buss.

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

GEORGE STEFAN

14. MOTHER'S MAIDEN NAME

ANNA DURUSZIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EDWARD KITKO 1250 S. Ellwood Ave

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertension

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10/50 to 2/10/50, that I last saw the
deceased alive on 2/10/50, and that death occurred at 9:30 m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Thomas J. Henderson

M. D.

23B. ADDRESS

1016 S. East Ave

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary Cem

24D. LOCATION (City, town, or county)

German Hill Cem

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1950

Eustace J. Williams, M.D.

Stephen J. Fulkner - 1000 S. Kenwood

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

CLARK COUNTY RECORDS

C-350
50 1261

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH ⁶⁰

Registered No.

X 50 1261

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Grace H. Cadden

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4308 Wilkens Ave

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5300

c. Length of stay in Baltimore

33 yrs

Yrs.
Mos.
Days

o. STREET ADDRESS (If rural, give location)

4308 Wilkens Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1/6/1880

9. AGE (in years;

last birthday)

70

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at Home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John P. McLeady

14. MOTHER'S MAIDEN NAME

Hannah Duggan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mr Stephen P. Cadden

ADDRESS

4308 Wilkens Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Solar Pneumonia

1 day.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Diabetes Mellitus.

6 mos.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Feb. 12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. W. H. White

M. O.

23B. ADDRESS

1279 William St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

London Park Cem.

24D. LOCATION (City, town, or county)

3801 Frederick Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan + Son

ADDRESS

Holkins St.

FEB 13 1950

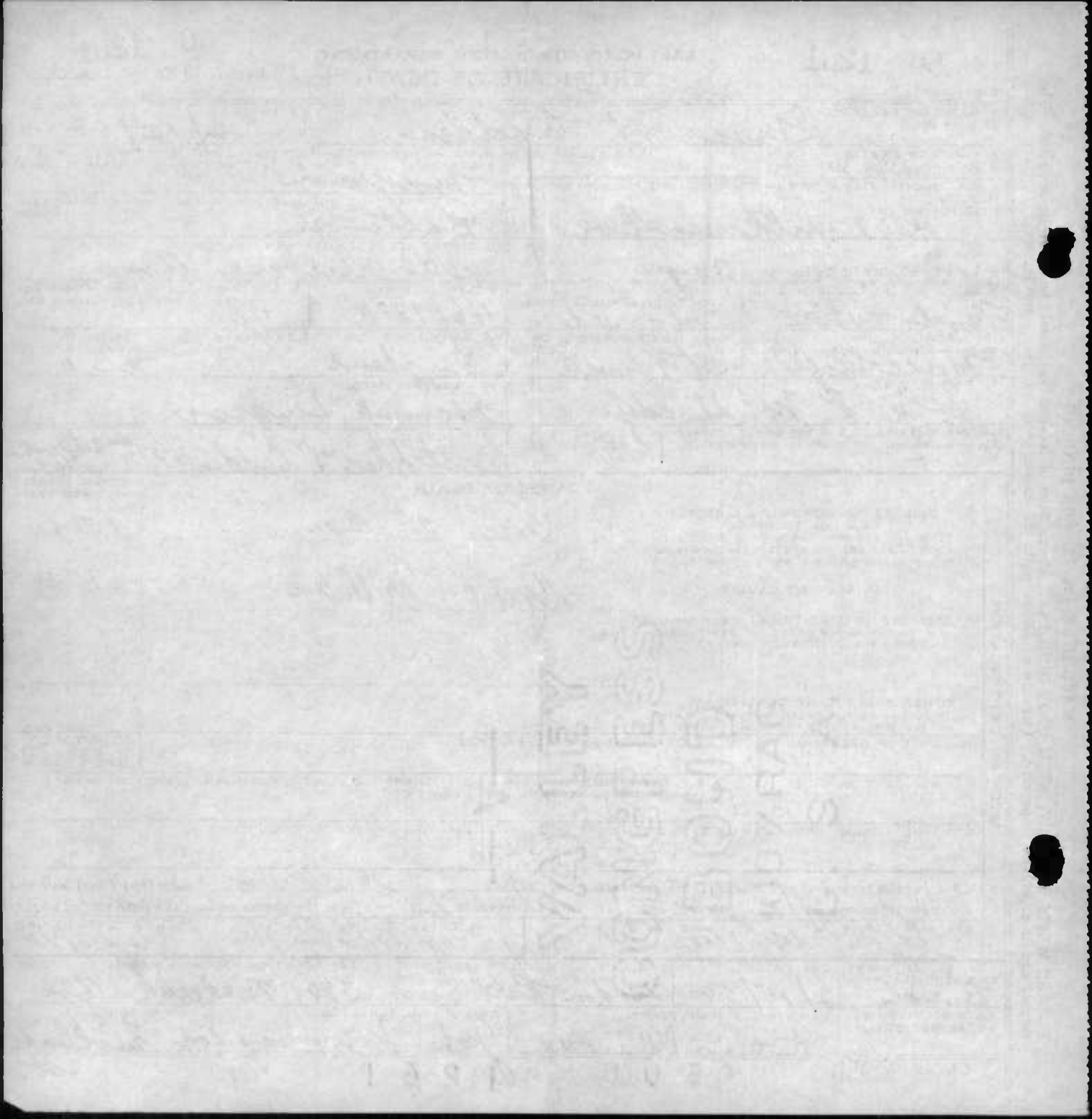
1 5 0 0 0 0 1 2 6 1

61

St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-363

50 1262

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 202.

Registered No.

50 1262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES EDGAR STORTZ

2. DATE
OF
DEATH

FEB 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MD. BALTIMORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

UNION MEMORIAL HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 9-06

c. Length of stay in Baltimore

67 YRS

D. STREET ADDRESS (If rural, give location)

1642 E 32ND ST.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAR 3, 1882

9. AGE (In years last birthday)

67

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRISON GUARD

10B. KIND OF BUSINESS OR INDUSTRY

Maryland Penit.

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

JOHN S. STORTZ

14. MOTHER'S MAIDEN NAME

MARY SHACKELFORD

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Mrs. Elizabeth Stortz

ADDRESS

1642 E 32nd St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MALIGNANT LYMPHOMA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERSTITIAL PANCREATITIS & ASCITES

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 2/12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 9:20 Am., from the causes and on the date stated above.

23A. SIGNATURE

W. F. Cox

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-12-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.

FEB 13 1950

602 98

NORTH AVE. & BROADWAY - 13

55E

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Mass (LINA MASS)

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore, Maryland*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

c. Length of stay in Baltimore

54 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE ☒ MARRIED
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

August Schwartz

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

no

16. SOCIAL SECURITY NO.
none

8. DATE OF BIRTH

May 30, 1881

9. AGE (In years last birthday)

69

11. BIRTHPLACE (State or foreign country)

Germany May 30, 1881

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Christine Baierbach

17. INFORMANT

Theodore Mass - 316 E. 35th St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)(A) *Coronary-vascular accident*

DUE TO

2 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertensive cardio-vascular disease*

DUE TO

15+ years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/18/49 to 2/12/50, that I last saw the deceased alive on 2/12/50, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

23. SIGNATURE

Charles J. Blazek

23B. ADDRESS

Maryland General

23C. DATE SIGNED

2/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

FEB 18 1950

Baltimore Md.

937

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME OF DECEASED
JAMES J. JONES
AGE
38
SEX
Male
RACE
White
DATE OF DEATH
April 12, 1914
PLACE OF DEATH
New York City

CAUSE OF DEATH
Typhoid fever
DISEASE OR INJURY
Typhoid fever

DATE OF BIRTH
April 12, 1876
PLACE OF BIRTH
New York City

RESIDENCE
New York City
OCCUPATION
Clerk

EDUCATION
High School
MARRIAGE
Married

RELIGION
Roman Catholic
SIGNED
JAMES J. JONES

WITNESSES
JAMES J. JONES
JAMES J. JONES

DECEASED'S SIGNATURE
JAMES J. JONES
WITNESSES' SIGNATURES
JAMES J. JONES
JAMES J. JONES

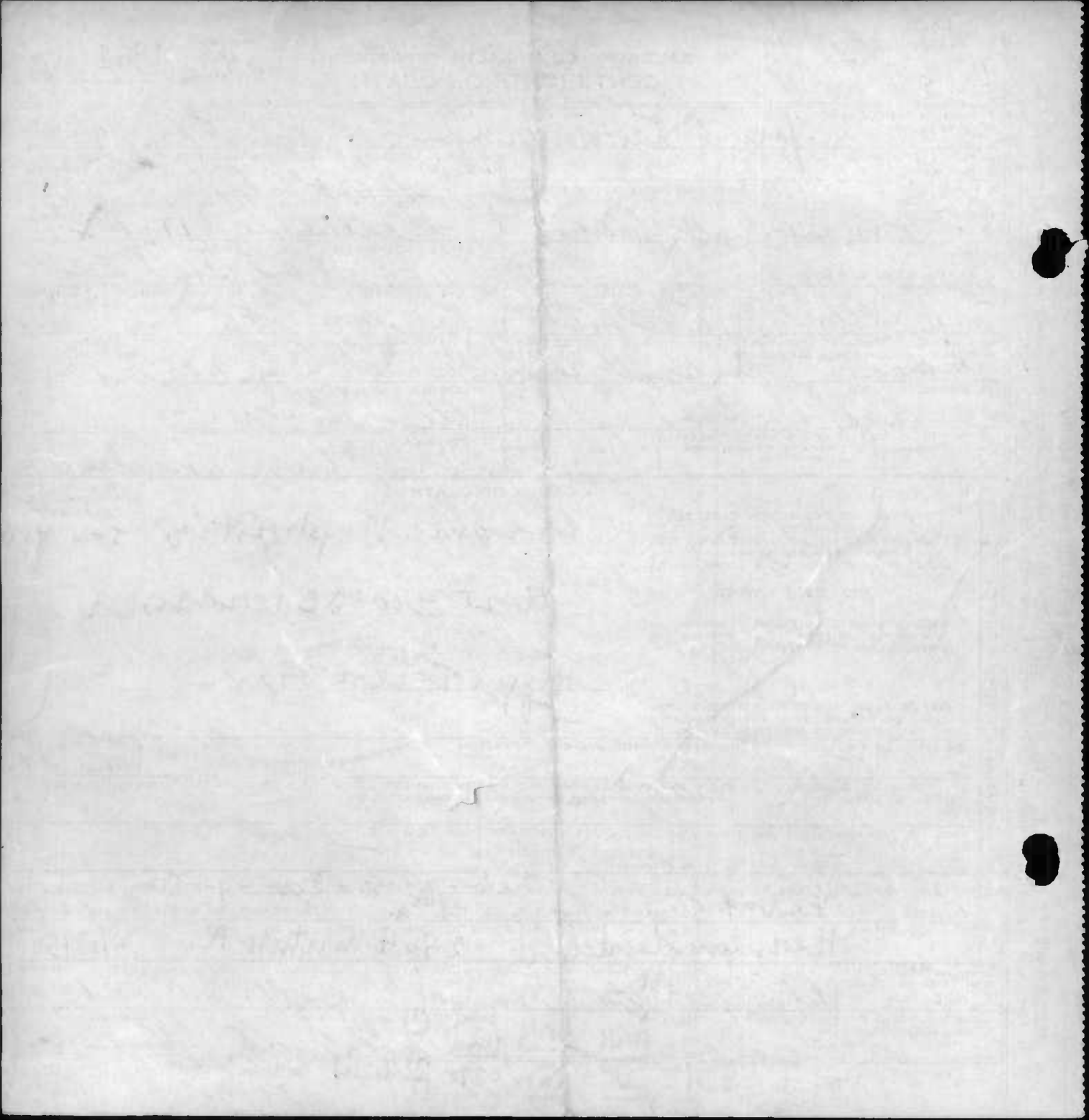
DATE OF SIGNATURE
April 12, 1914
PLACE OF SIGNATURE
New York City

FILE NO.
100-100000
RECORDED
INDEXED

50 1264
D-655BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1264
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Joseph David Dorman</i>		2. DATE OF DEATH <i>Feb. 9, 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1124 Druid Hill Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 17-02</i>			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1124 Druid Hill Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 28, 1893</i>	9. AGE (In years last birthday) <i>56</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manager</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Employment agency</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore City, Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>Joshua Dorman</i>		14. MOTHER'S MAIDEN NAME <i>Ellen Long</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mrs. Emma Jackson 1126 Druid Hill Ave.</i>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) <i>Chronic Nephritis</i> DUE TO (B) <i>arterio sclerosis</i> DUE TO (C) <i>Hypertension</i>		INTERVAL BETWEEN ONSET AND DEATH <i>about 56 yrs.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb - 2 - 1950</i> , to <i>Feb - 9 - 1950</i> that I last saw the deceased alive on <i>Feb - 9 - 1950</i> and that death occurred at <i>7:45 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Herman Seidel</i>		23B. ADDRESS <i>2404 Eutaw R.</i>		23C. DATE SIGNED <i>2/13/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb. 13, 1950</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Abraham Mem. Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Co. Md.</i>		25. FUNERAL DIRECTOR <i>Holland Funeral Home</i>		ADDRESS <i>1651 Druid Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 13 1950</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Williams</i>		VS 150 <i>15683</i>	

131a



W-
TbcN

W-36250 1265
W-532
BIRTH NO.
1. NAME OF DECEASED

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH /

59 1265

Registered No. _____

BIRTH NO.

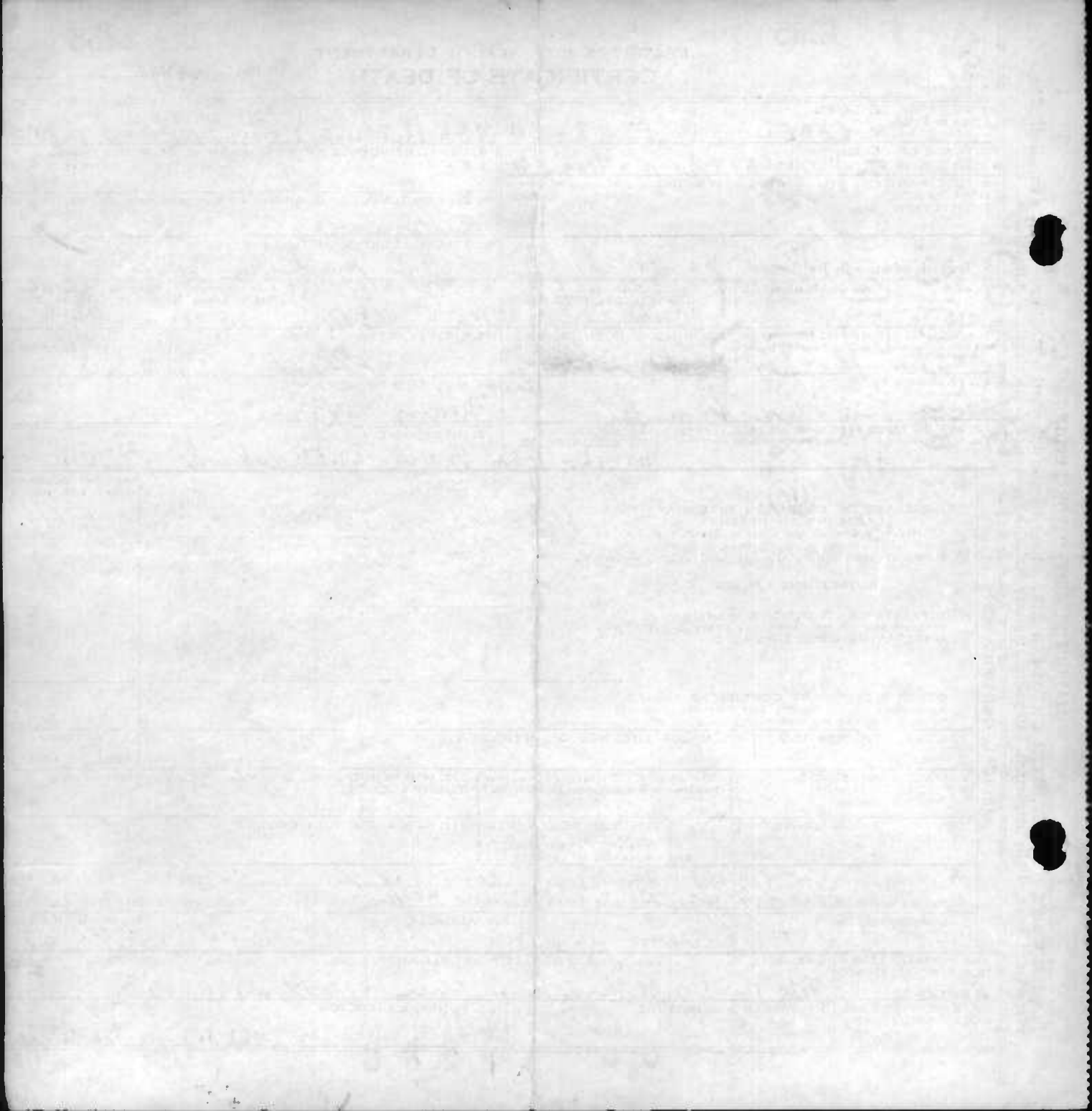
NAME OF DECEASED (Type or Print) MICHAEL W. Wietrzykowski		2. DATE OF DEATH Feb 10 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland 219 S. Madeira St		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-05	
C. Length of stay in Baltimore 30 days		D. STREET ADDRESS (If rural, give location) 219 S. Madeira Street	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Overseer Shuchey		10B. KIND OF BUSINESS OR INDUSTRY Ships on Clinton	9. AGE (In years last birthday) 73
13. FATHER'S NAME Joseph Wietrzykowski		11. BIRTHPLACE (State or foreign country) Poland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 212-16-6109A		14. MOTHER'S MAIDEN NAME Mary Garna	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prostatic Ca. of Rt. Lung		17. INFORMANT Mary Wietrzykowski	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22. I hereby certify that I attended the deceased from Oct 10, 1949 to Feb 10, 1950 , that I last saw the deceased alive on Feb 9, 1950 , and that death occurred at 4:20 P.M. , from the causes and on the date stated above.		23. DATE SIGNED 2/11/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 14, 1950	
24C. NAME OF CEMETERY OR CREMATORY St Stanislaus		24D. LOCATION (City, town, or county) (State) Baltimore City	
25. FUNERAL DIRECTOR John H. Weber		ADDRESS 401 S. Chester Street	

VS 150

49660

265

47c



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1266

T-632

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1266

Registered No.

1. NAME OF DECEASED (Type or Print) WALERYA TWARDOWICZ		2. DATE OF DEATH Feb 11 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balta Md.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 101 S. Linwood ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 1-02	
c. Length of stay in Baltimore 64 years Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 101 S. Linwood ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 9 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 73 Months: 2 Days: 2
13. FATHER'S NAME Stanislaus Tomalski		14. MOTHER'S MAIDEN NAME Zofia Kurek	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Peter Twardawicz		ADDRESS 101 S. Linwood	
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis DUE TO			3 hours.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arterio-sclerotic Heart Disease DUE TO			10 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Chronic nephritis			10 yrs.
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug - 3 1934 , to Feb. 11 1950 , that I last saw the deceased alive on Feb. 9, 1950 , and that death occurred at 9:15 A. m. , from the causes and on the date stated above.			
23A. SIGNATURE Earl L. Chambers M. D.		23B. ADDRESS 4108 Liberty Hts.	23C. DATE SIGNED 2/15/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 14 1950	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem.	24D. LOCATION (City, town, or county) (State) Balta County
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE H. H. Williams	25. FUNERAL DIRECTOR Mrs. Mary Weber ADDRESS 401 S. Chester St.	

VS 150

131a

Paul L. Chambers
4108 Liberty Heights and

8 10 10 AM

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D-132
50 1267

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1267

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>MARY ANN DAVIDSON</i>		2. DATE OF DEATH <i>FEB-11-1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2596 W. Fayette St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>20-02</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>2596 W. Fayette St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>3/17/1865</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Vermont</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas O'Keefe</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Edna Williams</i>		ADDRESS <i>626 N. Hilton St.</i>	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Acute edema of the lungs</i> DUE TO _____		<i>2 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Acute myocarditis & myocardial degeneration</i> DUE TO _____		<i>10 yrs.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Generalized arteriosclerosis</i>		<i>10 yrs.</i>

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>Feb. 6, 1950</i> , to <i>Feb. 11, 1950</i> , that I last saw the deceased alive on <i>Feb. 10, 1950</i> , and that death occurred at <i>8:45</i> m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Silbert E. Rudman</i> M.O.		23B. ADDRESS <i>2517 W. Balto. St.</i>		23C. DATE SIGNED <i>2/13/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>FEB-14-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Conv.</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>W. B. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>J. B. Herbert, Inc.</i> ADDRESS <i>1300 E. Tow. Rd. 17</i>

FEB 13 1950

1 9 5 0 0 0 0 1 2 6 7

93 D

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Schmid

2. DATE
OF DEATH

Feb. 9-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

West Baltimore General

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City 20-04

D. STREET ADDRESS (If rural, give location)

2238 Frederick Ave.

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

MALE

White

MARRIED

11-4-1903

46

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Meat Market

11. BIRTHPLACE (State or foreign country)

Baltimore-Md

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Schmid

14. MOTHER'S MAIDEN NAME

Louise Abbige

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ruth E. Schmid - Same

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Metastatic Carcinoma

DUE TO

Primary site

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 11-17, 1949, to 2-9, 1950, that I last saw the deceased alive on 2-9, 1950, and that death occurred at 8:35 P m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Braden M.D.

23B. ADDRESS

WBGH

23C. DATE SIGNED

2-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb-14-50

Toucan Park

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. B. Skiffert & Son

FEB 13 1950

VS 150

15661 195000012658E 1300 Eutaw Rd. 17

1

(continued)

10

!

• • •

•

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

53 1269
R-535

53 1269

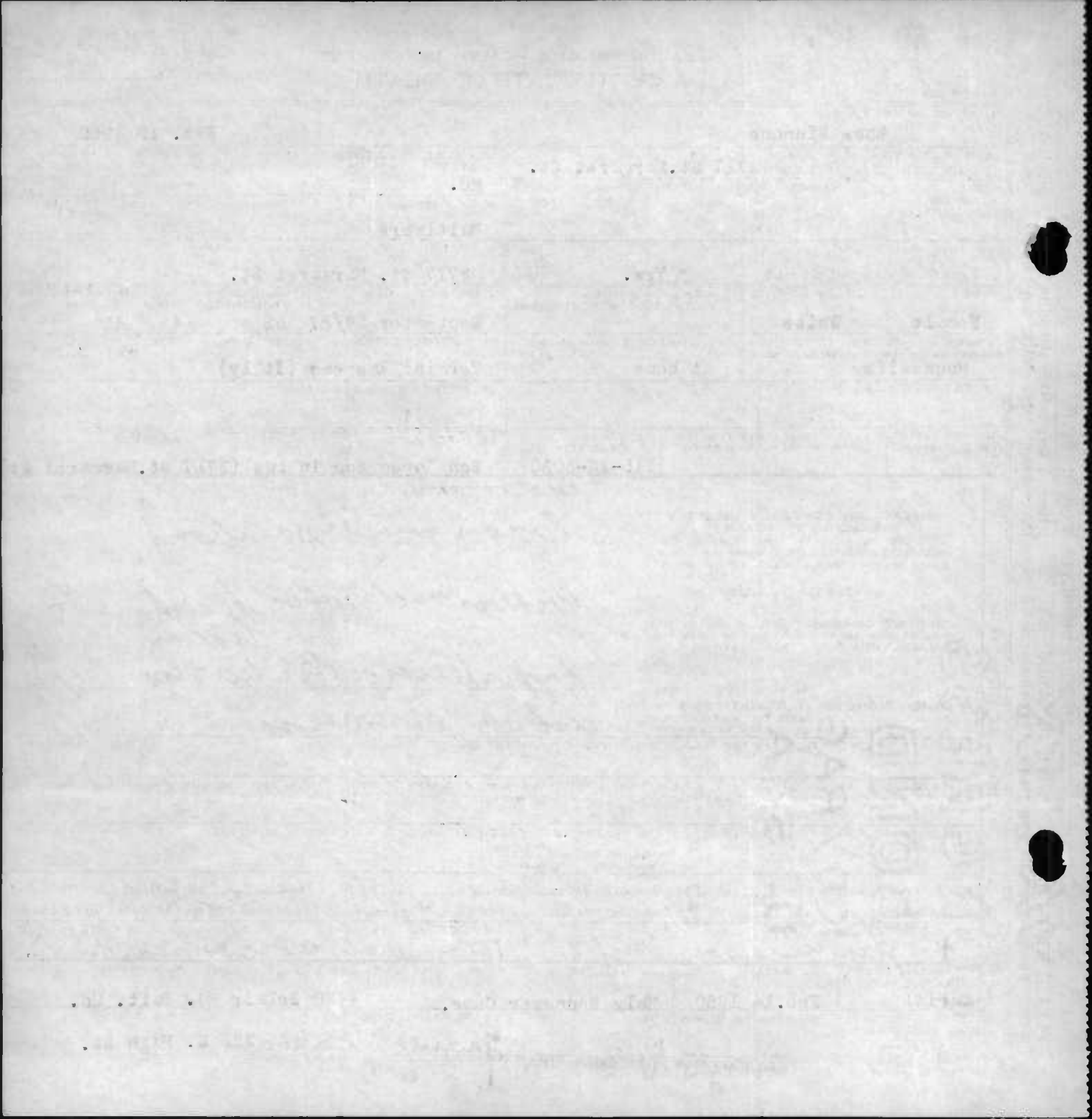
1. NAME OF DECEASED (Type or Print) Rose Rindone			2. DATE OF DEATH Feb. 10 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3717 St. Margaret St.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-05		
6. Length of stay in Baltimore 8 Yrs.			D. STREET ADDRESS (If rural, give location) 3717 St. Margaret St.		
7. SEX Female	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	10. DATE OF BIRTH September 29/87	11. AGE (In years, last birthday) 62	12. If Under 1 Year Months: Days Hours Min. 4 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY at home		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 215-16-5030		
17. INFORMANT Ben Romeo Son in Law (3717 St. Margaret St.)			ADDRESS		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Thrombosis			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Arteriosclerotic Heart Disease					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) Hypertensive Cardiovascular Disease			3 yrs		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June , 19 48 to Jan , 19 50 that I last saw the deceased alive on 1. 10 , 19 49 and that death occurred at 7:15 a. m., from the causes and on the date stated above.					
23A. SIGNATURE H. Summers M.D.		23B. ADDRESS 1045 Octopus		23C. DATE SIGNED 2.11.50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb. 14 1950	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Ceme.	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balt. Md.		
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE William H. Williams	25. FUNERAL DIRECTOR ADDRESS Frank Dello, 322 S. High St.			

FEB 13 1950

1269

937



PLEASE WRITE IN INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1270

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1270

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Thomas

2. DATE
OF
DEATH

February 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1418 McCulloh St.

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1418 McCulloh St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

9. AGE (In years;

last birthday)

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

? Curtis

14. MOTHER'S MAIDEN NAME

Marie Downs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS 137 W. M's Nellie B. Bolden 110th St. N. Y. C.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

1 wk

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Myocardial insufficiency
arterio-sclerotic heart disease.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-1950, to 2-11-1950, that I last saw the deceased alive on 2-11-1950, and that death occurred at 10:30 a.m. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

S. N. Pundit

M. D.

1723 Wood Hill Ave

2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-14-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cem

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

T. W. Williams, M.D.

(Mrs) Frances A. Hemsley

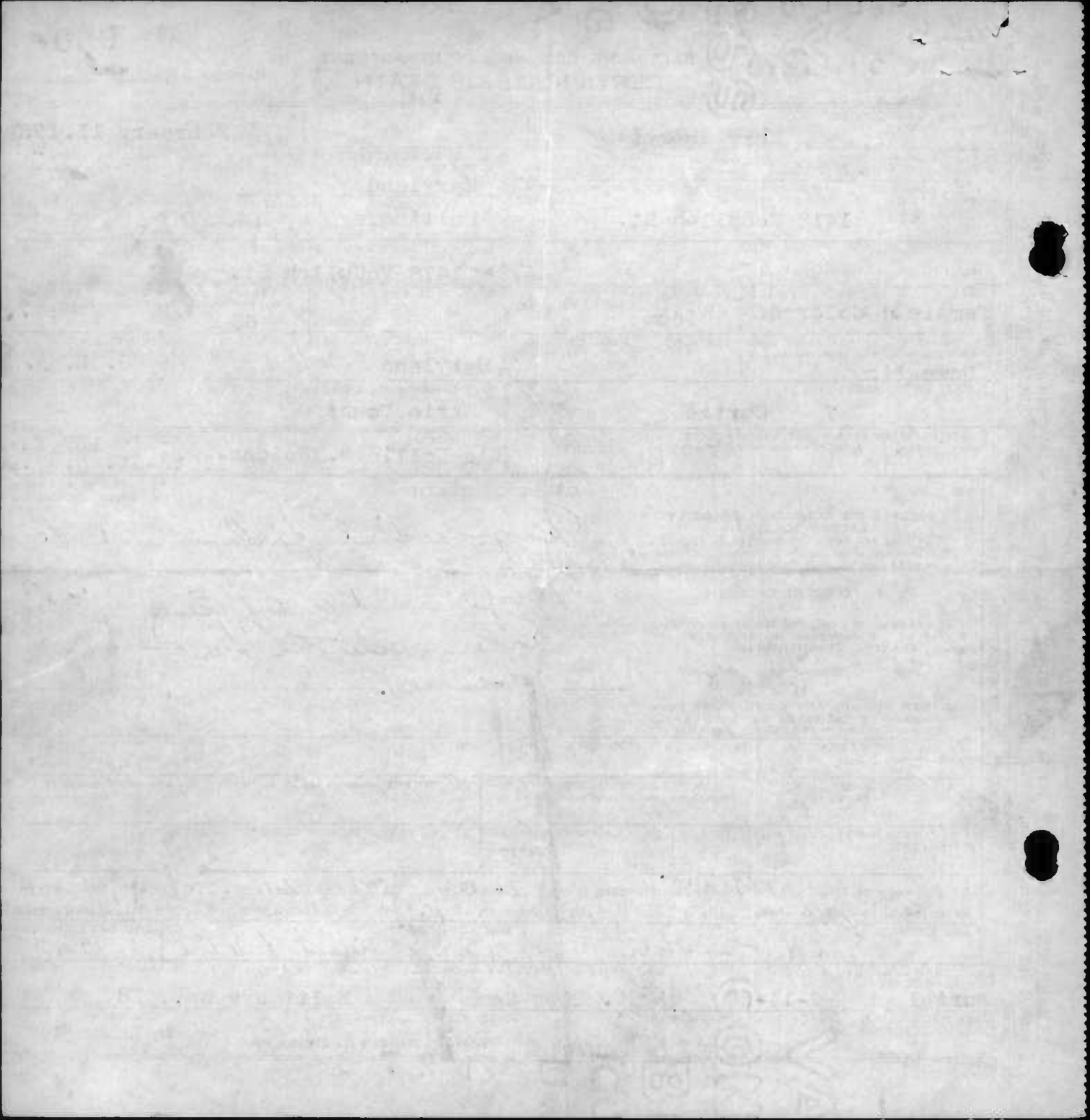
578 W. Biddle St.

FEB 12 1950

52086

50 1270

931



Dr. Wm. Fusting
11 East Chase St.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1271

BIRTH NO. 50 1271

1. NAME OF DECEASED
(Type or Print)

Mildred Stoll

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5645 Lothian Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

-27-48

D. STREET ADDRESS (If rural, give location)

5645 Lothian Road

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Spt 24, 1891

9. AGE (In years last birthday)

58

10 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Painsville, Ohio

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Scribner

14. MOTHER'S MAIDEN NAME

Ada Palmer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. George F. Stoll, 5645 Lothian Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

1/2 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Arteriosclerotic Cardio-vascular Disease

Several Years

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Oct. 1948 to Feb. 10, 1950, that I last saw the deceased alive on Feb. 10, 1950, and that death occurred at 11:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Fusting

M. D.

23B. ADDRESS

11 E. Chase St.

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-14-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 13 1950

William H. Fusting, M.D.

Leonard J. Ruck, 5305 Harford Road.

VS 150

50 1271

93D

MARGIN RESERVED FOR INDEXING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

Feb. 19, 1964

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

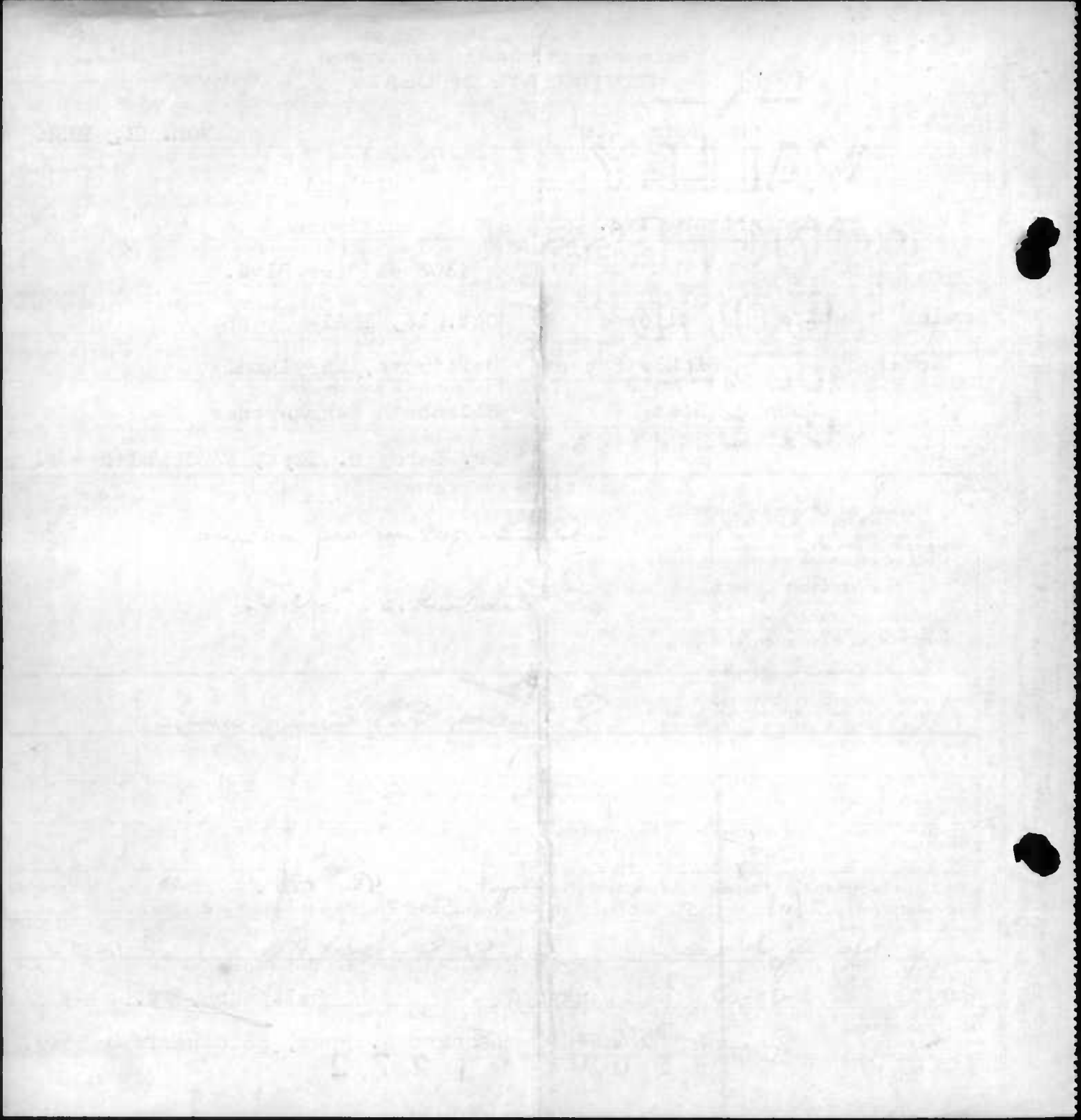
W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.

W. J. R. R.



M-623
50 1273MARQUETTE
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1273
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Marguette, Miss Margaret Lorena</i>			2. DATE OF DEATH <i>Feb-12-1950</i>			
3. PLACE OF DEATH A. Baltimore City, Maryland <i>Baltimore, Md.</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-04</i>						
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home For Incurables - 700 W-40th St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>						
C. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>706 E. 30th St.</i>						
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Sept 25-1866</i>		9. AGE (In years, last birthday) <i>83</i>		10. Under 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Music Teacher</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>- Self</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>John D. Marquette</i>			14. MOTHER'S MAIDEN NAME <i>Catherine A. Leonard</i>						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Laura Fischer</i>			
			ADDRESS <i>Home For Incurables</i>						
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Arteriosclerosis (Generalized)</i> DUE TO (C) <i>Hypertensive Cardio Renal Vascular Disease</i>					INTERVAL BETWEEN ONSET AND DEATH <i>30 minutes</i> <i>8 year</i> <i>2 year</i>	
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>6/6</i> , 19 <i>50</i> , to <i>2/12</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/12</i> , 19 <i>50</i> , and that death occurred at <i>11:30</i> p. m., from the causes and on the date stated above.									
23A. SIGNATURE <i>W. Brofton Hersperger</i>			23B. ADDRESS <i>214 Medical Arts Bldg.</i>			23C. DATE SIGNED <i>2/13/50</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>2/15/50</i>			24C. NAME OF CEMETERY OR CREMATORY <i>London Park</i>			
						24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1950</i>			REGISTRAR'S SIGNATURE <i>Wm. Brofton Hersperger</i>			25. FUNERAL DIRECTOR <i>Wm. Brofton Hersperger</i>			
						ADDRESS <i>1217 St. Paul St.</i>			

VS 150

V2891

1273

131a

1961-12-19

Mr. J. Edgar Hoover

Director, Federal Bureau of Investigation

Life

101-12-1840 83

W. A. A.

100-100000

100-100000

100-100000

100-100000

100-100000

CONGRESS

WATLEY

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **491 - 50 1274**

BIRTH NO. **50 1274**

1. NAME OF DECEASED
(Type or Print)

John Bigley

2. DATE
OF
DEATH

2-12-50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospital

4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD.

B. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

339 E. 21st. Street. -1869

e. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Wid.

8. DATE OF BIRTH

March 27 1869

9. AGE (In years
last birthday)

80 Y

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Number Clerk

10b. KIND OF BUSINESS OR
INDUSTRY

Unknown

11. BIRTHPLACE (State, or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Bigley

14. MOTHER'S MAIDEN NAME

Catherine Cooley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Bronchopneumonia**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-5-50**, 19**50**, to **Feb. 12**, 19**50**, that I last saw the deceased alive on **Feb. 12**, 19**50**, and that death occurred at **4.40AM**, from the causes and on the date stated above.

23a. SIGNATURE

W. H. Rogers

M. D.

23b. ADDRESS

4940 Eastern Ave.

23c. DATE SIGNED

2-13-50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

2/15/50

24c. NAME OF CEMETERY OR CREMATORY

Salus

24d. LOCATION (City, town, or county) (State)

Baltimore City, MD

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

William Cook, 1214 St Paul St

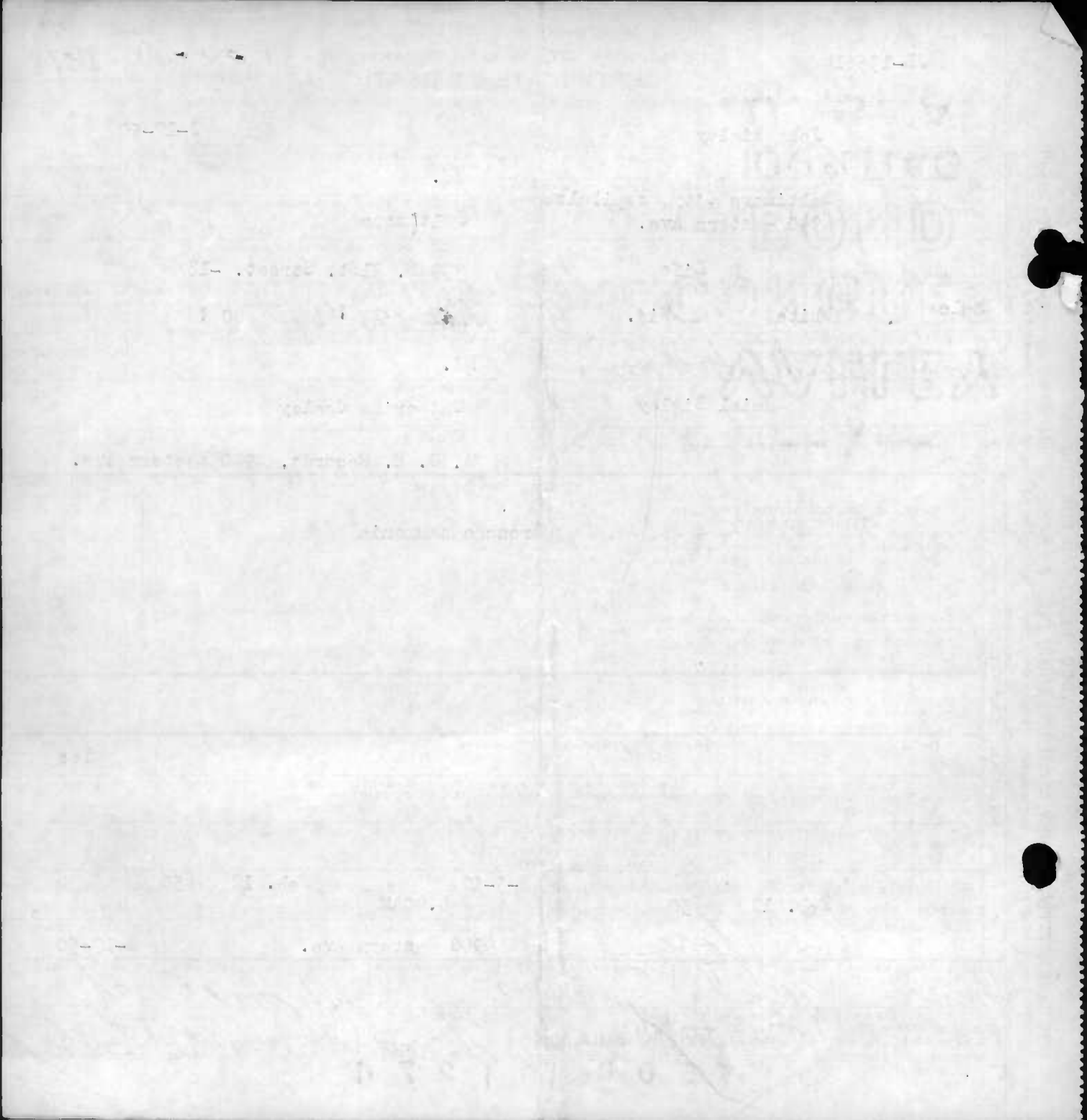
ADDRESS

VS 150

348 V9

15000001274

107



50 1275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1275
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM L. WOOD

2. DATE
OF
DEATH

2/11/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City Md.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

1421 Light Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. City 24-03

D. STREET ADDRESS (If rural, give location)

1421 Light Street

c. Length of stay in Baltimore

33 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/13/1878

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Oil Refinery

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

William T. Wood

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ruth V. Hall 1421 Light Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDITIS

DUE TO

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis

DUE TO

1 yr

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from June 12, 1949, to Feb. 11, 1950, that I last saw the
deceased alive on Feb. 4, 1950, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Harry Kates

23B. ADDRESS

517 Scott St

23C. DATE SIGNED

Feb 13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/14/1950

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

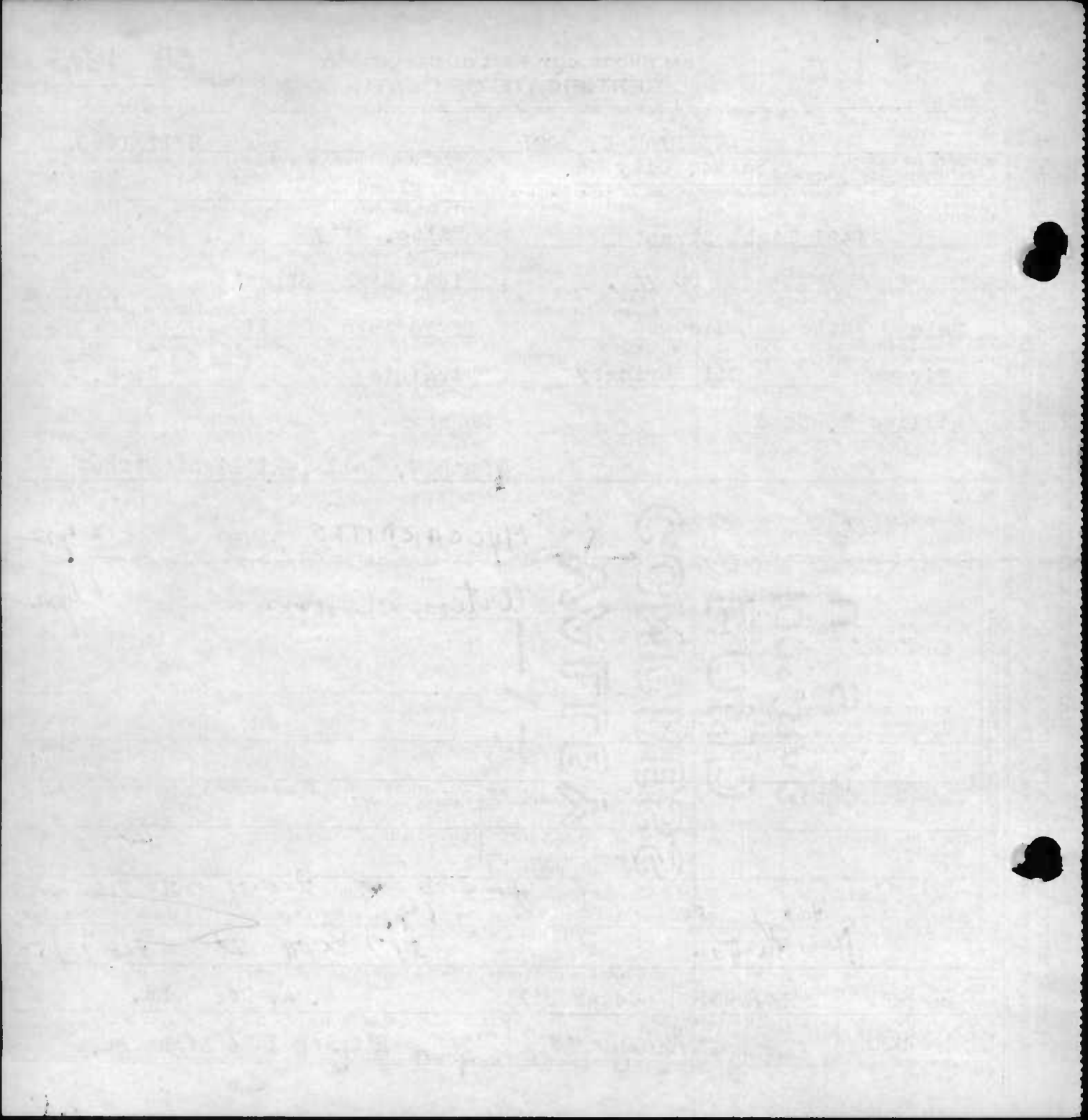
REGISTRAR'S SIGNATURE

Lutington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Flynn & Fleming 1426 Light St.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1276

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY WILSON

2. DATE
OF
DEATH

2/11/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

38 University Hosp.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

d. STREET ADDRESS (If rural, give location)

1441 N. Carey St.

c. Length of stay in Baltimore

47 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1907

9. AGE (In years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauffeur

10b. KIND OF BUSINESS OR
INDUSTRY

Paylor Contractor

13. FATHER'S NAME

Edward Wilson

14. MOTHER'S MAIDEN NAME

Martha Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-03-6227

17. INFORMANT

Josephine Kelly 2332 Stockton
Apt. 2 Gold. (Aunt) 030 Gold St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Post-op. Pulmonary

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

2/9/50

19b. MAJOR FINDINGS OF OPERATION

Aortic Aneurysm

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11, 1950, to 2/11, 1950, that I last saw the
deceased alive on 2/11, 1950, and that death occurred at 2:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE

Nicholas Malby

M. D.

23b. ADDRESS

University Hosp.

23c. DATE SIGNED

2/12/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

Feb 15-1950

24c. NAME OF CEMETERY OR CREMATORY

St. Luke's Cem., Reisterstown

24d. LOCATION (City, town, or county)

Reisterstown

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

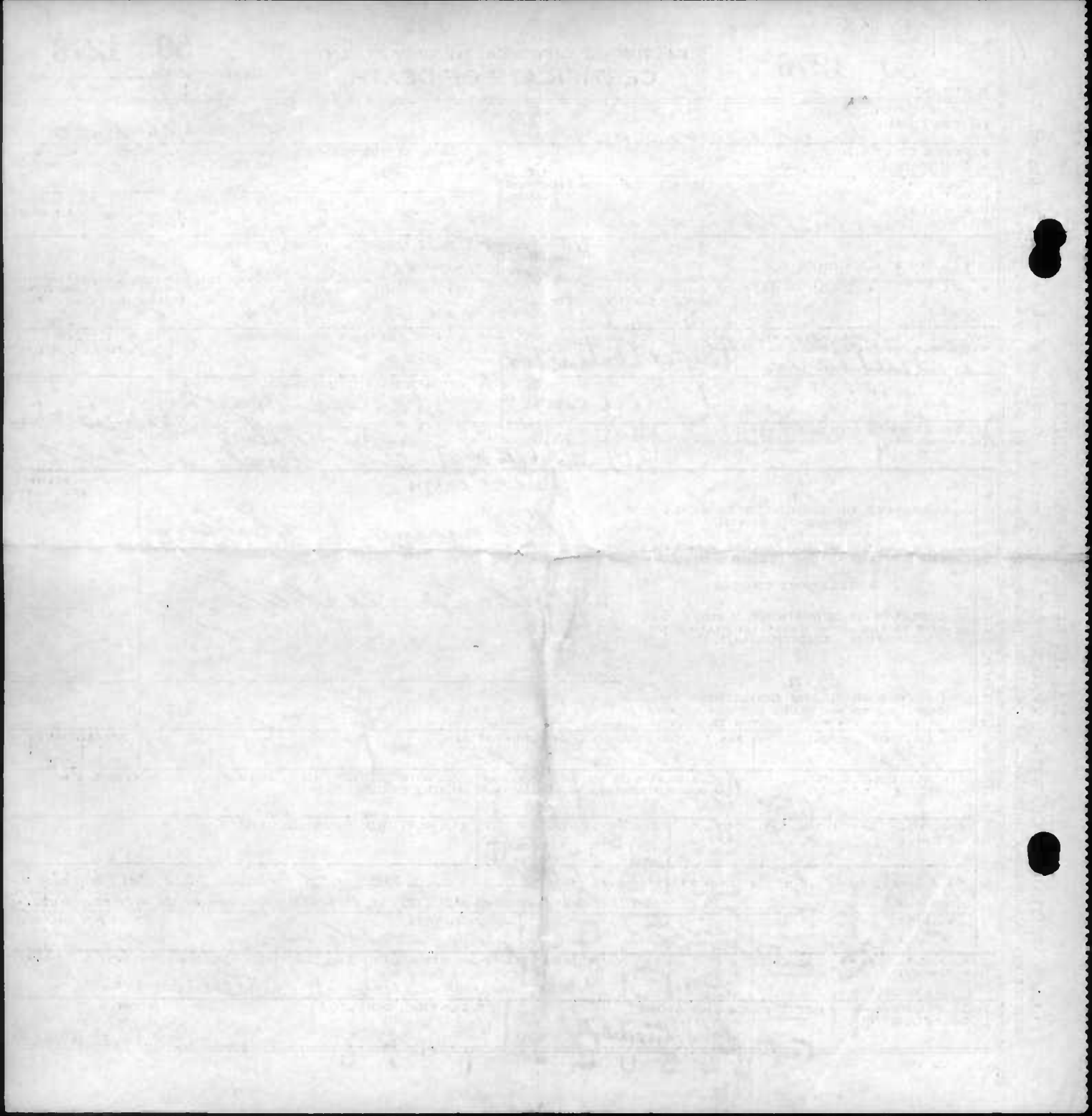
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

V. Brooks

ADDRESS

1463 N. Carey St.



MS--135315

50 1277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garaphelia Cook

2. DATE
OF
DEATH

2-10-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

26-12

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 4940 Eastern Ave

D. STREET ADDRESS (If rural, give location)

No Home--Baltimore City Hosp. Infirmary

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 9, 1860

9. AGE (In years
last birthday)

89

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Sonny Paraway

14. MOTHER'S MAIDEN NAME

Garaphelia Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B.C.H.--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Heart Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Uremia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 1-27-1950, to 2-10-1950, that I last saw the
deceased alive on 2-10-1950, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. B. Rogers

M. D.

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial 2/14/50

2/14/50

Mt Auburn

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

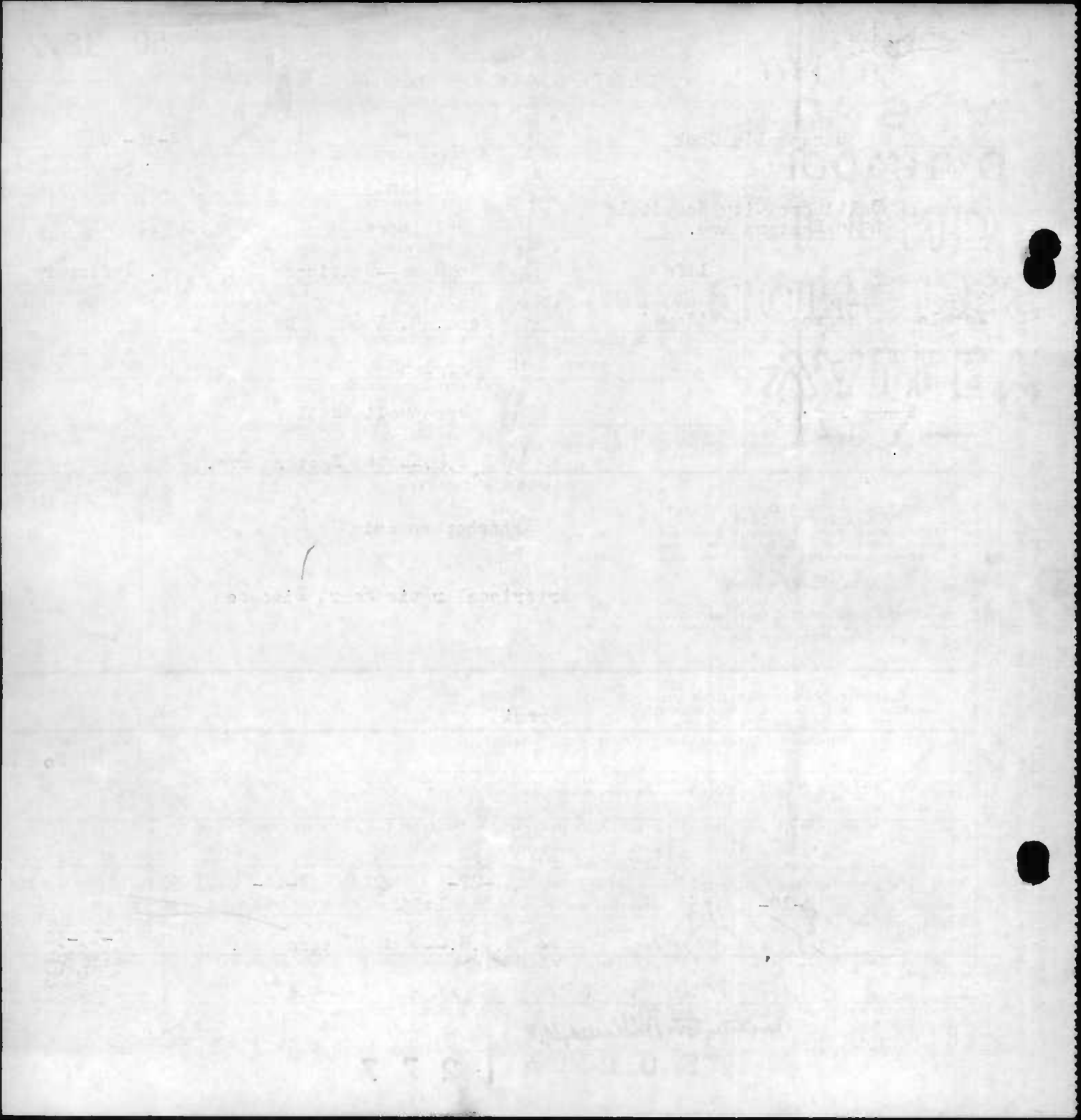
ADDRESS

FEB 14 1950

Huntington Williams, M.D.

J. B. Kelson

1303 Presbman St



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1278
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE KRAMMER

2. DATE
OF
DEATH

2/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION600 S. Chapel Gate Lane
PINECREST SANATORIUM

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2909 Boarman Ave.

c. Length of stay in Baltimore

82 yrs.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hair Spinner (rtd)

10B. KIND OF BUSINESS OR INDUSTRY

Brush

13. FATHER'S NAME

Frederick Kramer

8. DATE OF BIRTH

July 31, 1858

9. AGE (In years last birthday)

91

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elsie Kennard - 2909 Boarman Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chronic MYOCARDIALS + MYOCARDIAL
DUE TO Degeneration, NOT Rheumatic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis
DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 11, 1949, to Feb. 11, 1950, that I last saw the deceased alive on Feb 10, 1950, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Boden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/11/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/14/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF INTERVIEW

INTERVIEWER

DATE OF ENTRY

ENTRY NUMBER

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SEX

AGE

EDUCATION

OCCUPATION

RELIGION

ETHNICITY

DATE OF INTERVIEW

INTERVIEWER

DATE OF ENTRY

ENTRY NUMBER

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 Registered No. **443 50 1279**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Florence Faulkner*2. DATE
OF
DEATH*2. 12. 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

*Doctor's Hospital*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Doctor's Rehabilitation Hospital*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Prince George's

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Beltsville**66-00*

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Dec. 12. 1886*9. AGE (In years
last birthday)*63*10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*housewife*10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Rock Hall, Md.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Middleton

14. MOTHER'S MAIDEN NAME

*Florence Gardner*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*no*16. SOCIAL
SECURITY NO.*no*

17. INFORMANT

ADDRESS

Mr. George L. Faulkner-Beltsville, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO*Cerebral-vascular Thrombosis**1 mo.*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO*Chronic Hypertensive myocardial
disease**5 yrs.*

(C) ...

*Arteriosclerosis**5 yrs.*

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb. 8, 1950*, to *Feb. 12, 1950*, that I last saw the
deceased alive on *Feb. 12, 1950*, and that death occurred at *8:47 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Benjamin D. Siegel

M. D.

23B. ADDRESS

15 Greenwood Rd.

23C. DATE SIGNED

*Feb. 12/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR*FEB 14 1950*

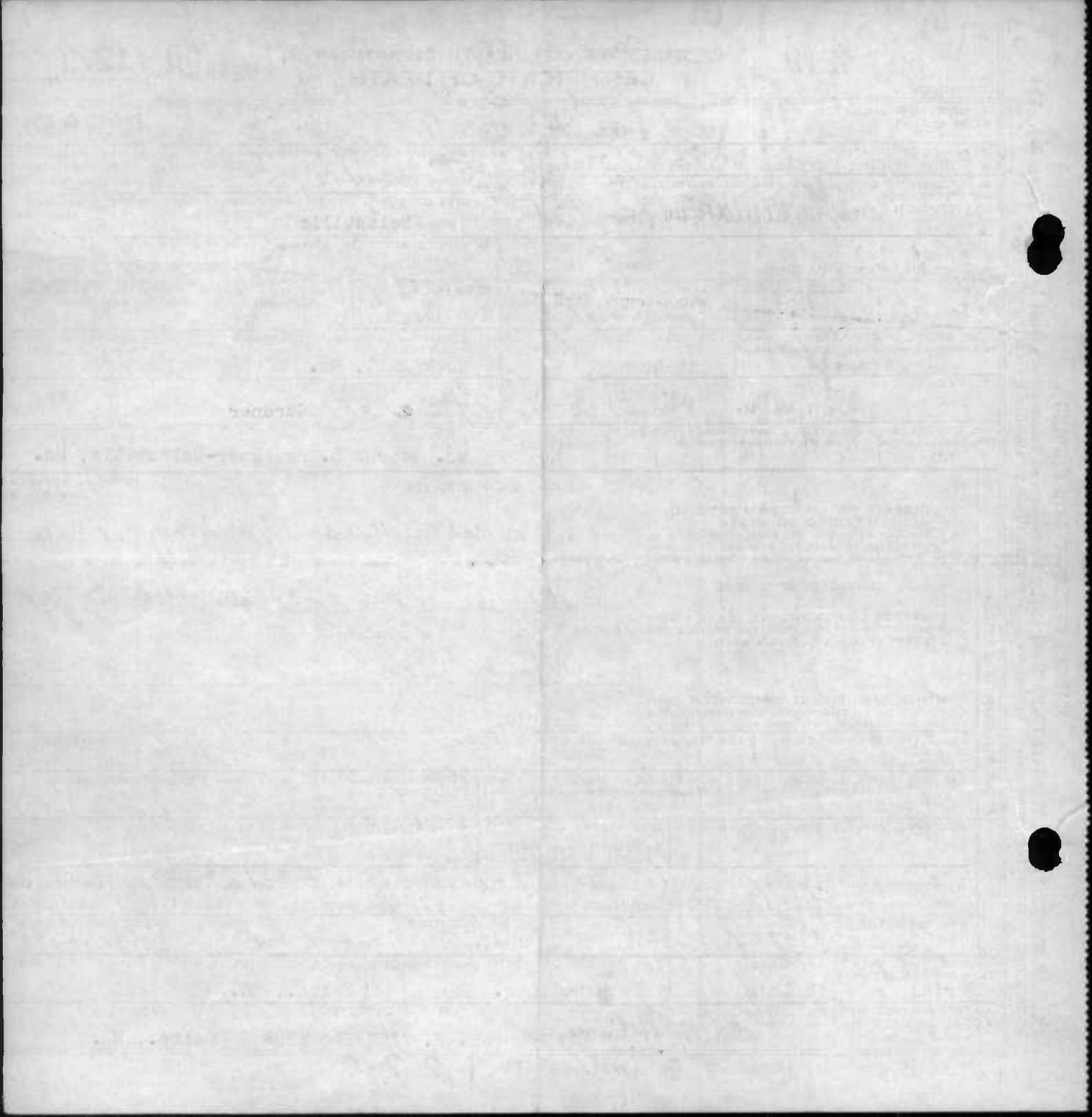
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*WM. J. TICKNER & SONS**Balto., Md.*



H-230
50 1280BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH331 50 1280
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) CHARLES A. HACKETT			2. DATE OF DEATH 2/11/50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore					
B. FULL NAME OF HOSPITAL OR INSTITUTION 2043 Division St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore					
c. Length of stay in Baltimore 50yrs			D. STREET ADDRESS (If rural, give location) 2043 Division St 14-03					
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1/15/1875		9. AGE (In years last birthday) 75		10. Under 1 Year Months 0 Days 26	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10B. KIND OF BUSINESS OR INDUSTRY Construction			11. BIRTHPLACE (State or foreign country) Balto. County, Md		12. CITIZEN OF WHAT COUNTRY? U.
13. FATHER'S NAME John Hackett			14. MOTHER'S MAIDEN NAME Annie			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		
16. SOCIAL SECURITY NO. None			17. INFORMANT A. Josephine Hackett(W)			ADDRESS 2043 Division St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage			CAUSE OF DEATH (A) Cerebral Hemorrhage DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension			(B) Hypertension DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Dec 10 , 19 49 , to Feb 11 , 19 50 , that I last saw the deceased alive on Feb 11 , 19 50 , and that death occurred at 10:00 a.m., from the causes and on the date stated above.								
23A. SIGNATURE Charles S. H. Hite			23B. ADDRESS 1802 Penn Ave			23C. DATE SIGNED 2-13-50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 2/14/50			24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn		
24D. LOCATION (City, town, or county) (State) Baltimore, Md			25. FUNERAL DIRECTOR Charles G. Cooper-512 Carrollton Av.			ADDRESS		

Charles Henry Day

1982

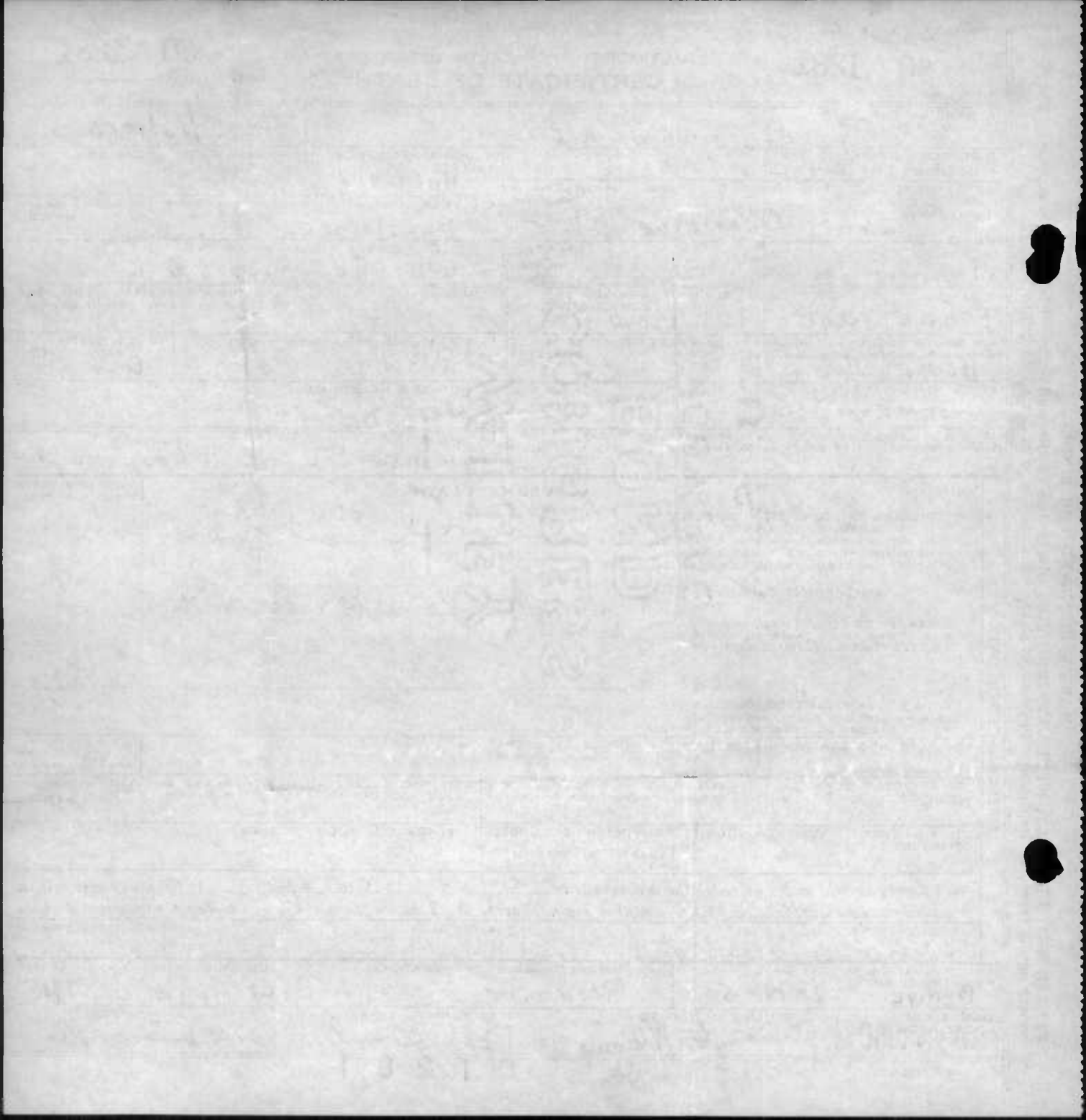
65-41-3

1890

54. 2001年12月15日

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1281		BALTIMORE CITY HEALTH DEPARTMENT		3 3 2		50 1281	
BIRTH NO.		CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) ROSE SCHWARTZ				2. DATE OF DEATH 2/13/1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 2641 QUANTICO AVE				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-13			
D. STREET ADDRESS (If rural, give location) 2641 QUANTICO AVE				c. Length of stay in Baltimore 44 Yrs. Mos. Days			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH	9. AGE (In years, last birthday) 74	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME NOT KNOWN				14. MOTHER'S MAIDEN NAME NOT KNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS DAVID SCHWARTZ - 2641 QUANTICO AVE			
18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.) Cerebral Embolism (A) DUE TO							
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis (B) DUE TO							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/13 , 19 50 , to 2/13 , 19 50 , that I last saw the deceased alive on 2/13 , 19 50 , and that death occurred at 9 A m., from the causes and on the date stated above.							
23A. SIGNATURE Benson Schwartz		M. D.		23B. ADDRESS University Hosp		23C. DATE SIGNED 2/13/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-14-50		24C. NAME OF CEMETERY OR CREMATORY ROSEDALE		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY FEB 14 1950		REGISTRAR'S SIGNATURE Wm. H. Williams		25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Eutaw Pl	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET SOLINSKY

2. DATE
OF
DEATH

Feb. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONDOCTORS HOSPITAL
2724 N. CHARLES ST. BALTO., MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 10-01

D. STREET ADDRESS (If rural, give location)

1117 Ensor St

c. Length of stay in Baltimore

30 Yrs

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

JAN. 2, 1896

9. AGE (In years last birthday)

54

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Keysville, Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Newcome

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jacob Solinsky 1117 Ensor St

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Metastatic
CARCINOMATOSIS - gene
due to include lungs
bones and skin.INTERVAL BETWEEN
ONSET AND DEATH

6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Carcinoma of Breast
left.

6 yrs.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1944

19B. MAJOR FINDINGS OF OPERATION

CA. of Breast

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1943 to Feb 13, 1950, that I last saw the deceased alive on 2/13/1950, and that death occurred at 9:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. M. Miller, M. D.

23B. ADDRESS

1613 E Baltimore St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 14, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

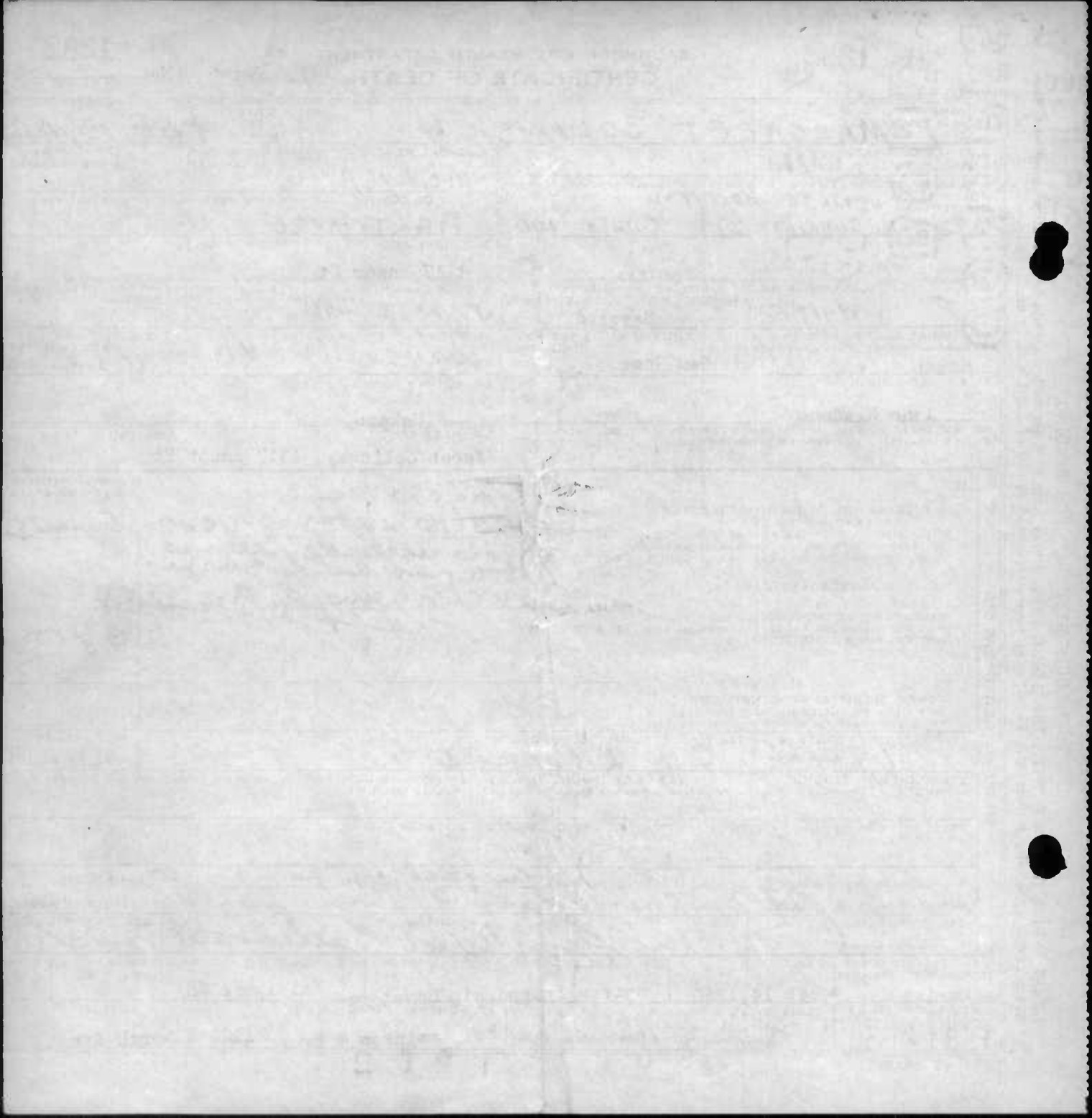
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson & Bros 1126 W North Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

H Under 1 Year Months Days H Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

1 day -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/12 1950 to 2/12 1950, that I last saw the deceased alive on 2/12 1950, and that death occurred at 6:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

NO 1283

CERTIFICATE OF DEATH

NO 1283

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

John

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ESKIER

BROWN

2. DATE

OF DEATH

February 10, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

South Baltimore General Hospital

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

23-61

c. Length of stay in Baltimore

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

1009 Creek Alley

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Contracting

11. BIRTHPLACE (State or foreign country)

Winsboro S.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anderson Brown

14. MOTHER'S MAIDEN NAME

Susie McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hattie Ludd-1009 Creek Alley

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Luetic aortitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT ☐ WORK WORK AT WORK

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

J. L. Brown

23b. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ M.D. MEDICAL INVESTIGATOR

23c. DATE SIGNED

Feb. 11, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/15/50

24c. NAME OF CEMETERY OR CREMATORY

Mt Auburn Ct

24d. LOCATION (City, town, or county)

Baltimore, City.

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

J. L. Brown

25. FUNERAL DIRECTOR

J. L. Brown & Son - Montgomery St

CERTIFICATE OF DEATH

Number

100

Full name of deceased

Age

Sex

Marital status

Occupation

Place of birth

Date of death

Time of death

Signature of physician

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1285

BIRTH NO. 50 1285

1. NAME OF DECEASED
(Type or Print)

Theresia Stampfel

2. DATE
OF
DEATH

Feb 12 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

916 N. Port St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 7-02

D. STREET ADDRESS (If rural, give location)

916 N Port St

c. Length of stay in Baltimore

80 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug 24 1864

9. AGE (in years,
last birthday)

85

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Don't Know

14. MOTHER'S MAIDEN NAME

Don't Know

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Greta Watson 916 N Port St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary Thrombosis

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOarteriosclerosis -
generalized

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1945 to Feb 12, 1950 that I last saw the
deceased alive on Feb 9, 1950 and that death occurred at 3 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis F. Klimes M. D.

23B. ADDRESS

2623 E. Monument St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville Mo

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

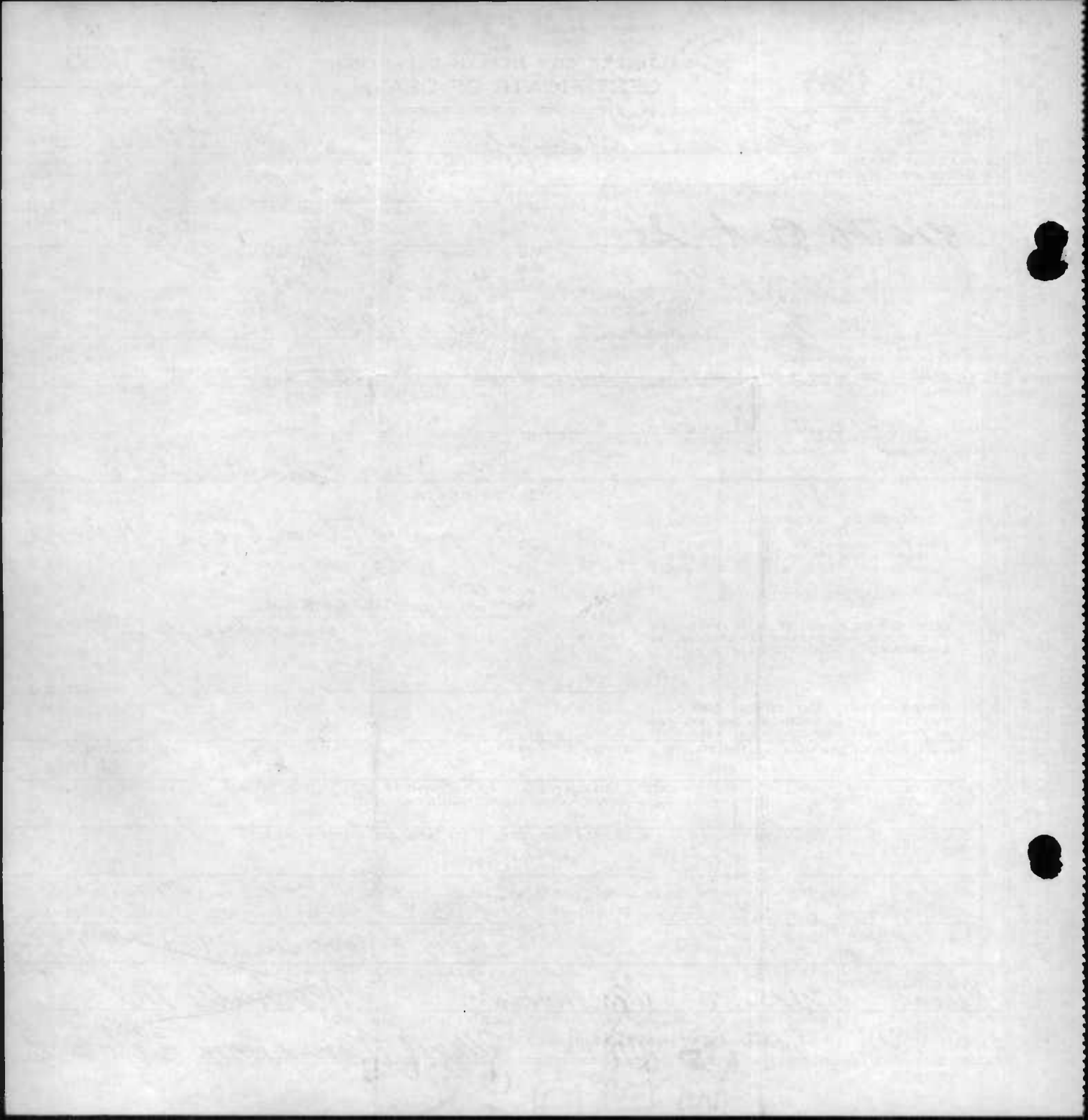
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Willard Samuel Horne

ADDRESS

3901 E. Main St



50 1286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

50 1286

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Barbara E Beary

2. DATE
OF
DEATH

Feb 12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balt

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

27-10

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

507 Arlington Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt

Baltimore

D. STREET ADDRESS (If rural, give location)

507 Arlington Ave

c. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 12/89

9. AGE (in years
last birthday)

58

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Kuckner

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Thekla Beary 507 Arlington Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Insufficiency

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Endocarditis

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31st, 1949, to Feb. 12th, 1950, that I last saw the
deceased alive on Feb. 11th, 50 and that death occurred at 8:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Geo W. Murgatroy M.D.

401 E. 25th. St. City, 18

2/13/50.

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

2/15/50

Holy Redeemer Cem

Balt Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1950

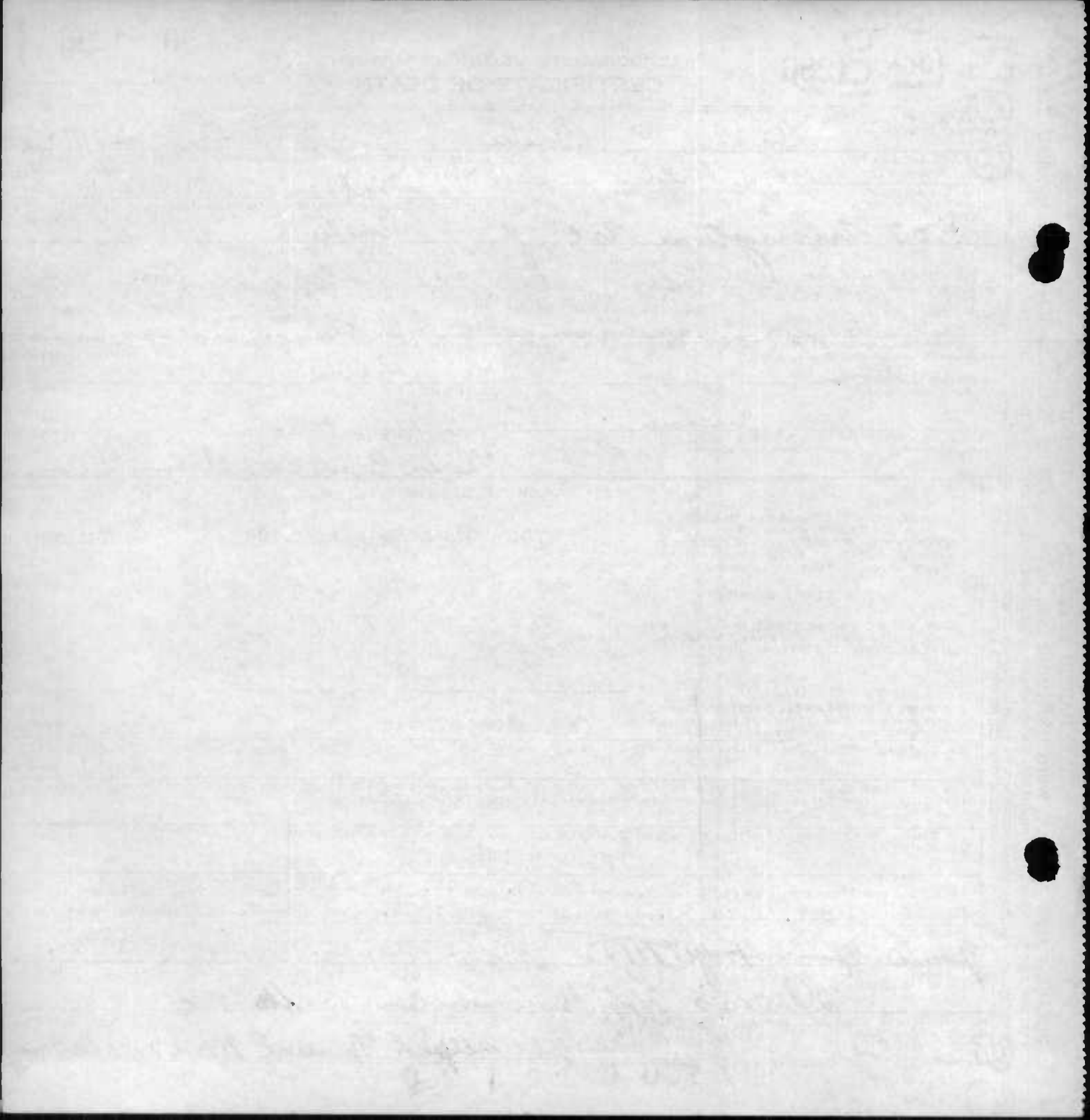
Wilmington Williams, M.D.

Ulrich Funeral Home 2008 Orleans

VS 150

1 2 5 0 0 1 2 8 6

92E



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

50

1287

50-03091

544 50 1287

1. NAME OF DECEASED
(Type or Print)

Baby Girl MAXWELL

2. DATE
OF
DEATH

2/13/50

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

If not in hospital or institution, give street address or location)

Sinai Hosp.

c. CITY OR TOWN

(If outside corporate limits, write ITURAL, and give township)

Balto.

26-10

d. STREET ADDRESS (If rural, give location)

337 S. Clinton St. #24

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2/11/50

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days:

3

11. Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANK

14. MOTHER'S MAIDEN NAME

ADELE CHILCOAT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cong. Heart Dis. Failure

3 days

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 2/11/50, 19__, to 2/13/50, 19__, that I last saw the
deceased alive on 5:40 A. 1950, and that death occurred at 5:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE

Lee N. Kastner

M. D.

23b. ADDRESS

90 Sinai Hosp

23c. DATE SIGNED

2/13/50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)

Burial

Feb 15th 1950

Balto Cem

E. North Ave Ext

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

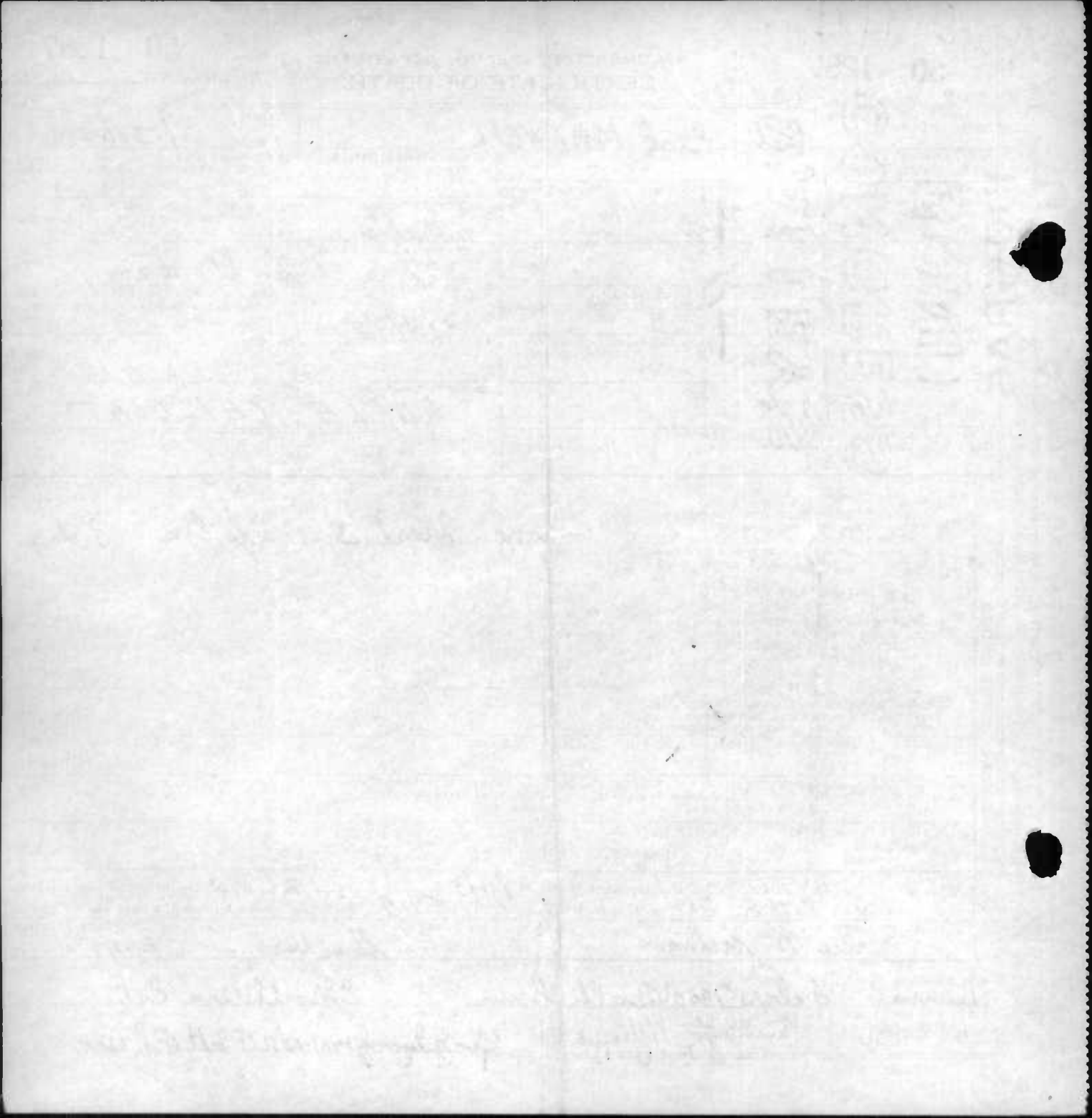
25. FUNERAL DIRECTOR

ADDRESS

EB 14 1950

Huntington Williams, M.D.

Geo. J. Lynch 1701-03 N. Pott Pk Ave



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

491 50 1288

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anne S. Clarke

2. DATE
OF
DEATH

2/11/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)*Sinai Hospital*

C. CITY OR TOWN

(If outside corporate limits, give full name of town, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Monument & Rutland Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

*N*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*S*

8. DATE OF BIRTH

*9/6/1880*9. AGE (In years
at birthday)*69*10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Secretary*10B. KIND OF BUSINESS OR
INDUSTRY*Underwear Co*

11. BIRTHPLACE (State or foreign country)

*Delaware*12. CITIZEN OF
WHAT COUNTRY?*USA*

13. FATHER'S NAME

John Clarke

14. MOTHER'S MARDEN NAME

*Ellen Higgins*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.*2-3-0-247*

17. INFORMANT

ADDRESS

Mrs Crandall 301 Parkview

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brachopneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2-5*, 19*50*, to *2-11*, 19*50*, that I last saw the deceased alive on *2-11*, 19*50*, and that death occurred at *9:45 P* m., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaher

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

*2-11-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

at Truswell Co

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

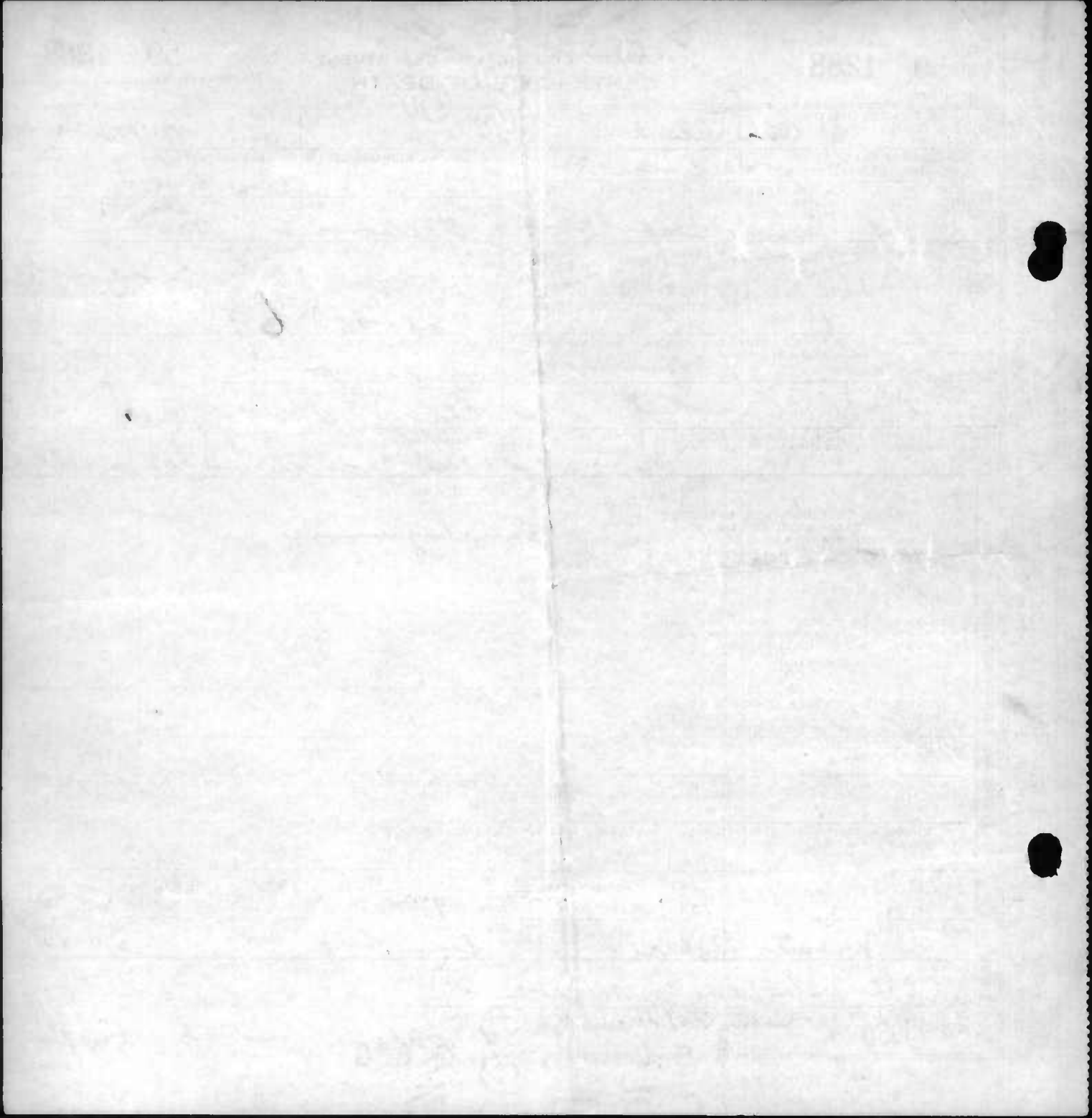
REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. Gaher & Sons 1280 Light



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-260

50 1289

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1289

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA

Becker

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 600 S. Chapelgate LA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE N.Y.

B. COUNTY ONT.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Pine Crest Sanatorium

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Yonkers

D. STREET ADDRESS (If rural, give location)

97 Glover Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 8, 1898

9. AGE (In years last birthday)

75

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Chesham, Norway

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Lester Olsen

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

059-010778A

17. INFORMANT

Mr. Becker SON.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Chronic MYOCARDITIS and MYOCARDIO-
GENIC DEGENERATION, NOT Rheumatic

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis
+ Senility without dementia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Pneumonia due to congestion of the
right lung

36 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1949, to Feb. 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 4:05 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

St. Ann's Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

L. H. Williams

25. FUNERAL DIRECTOR

L. H. Williams

ADDRESS

6667 Hwy Rd

50 1289 93D

ca.
3768

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN

O. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (In years,
last birthday)10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)6. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Aug 10, 1949, to Feb 12, 1950, that I last saw the
deceased alive on Feb 12, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

100-1000

RECEIVED
MARCH 10 1964

20-12510

Mr. J. Edgar Hoover
Director, Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I am writing to you regarding the matter of the

investigation of the activities of the

Communist Party, U.S.A.

and the activities of the

Communist Party, U.S.A.

and the activities of the

Communist Party, U.S.A.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1291

50 1291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY Fremont LADD

2. DATE
OF
DEATH

FEB. 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-14

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Roland Park Apts

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

July 1, 1859

9. AGE (In years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RAY HIEY

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

OHIO

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

HENRY LADD.

14. MOTHER'S MAIDEN NAME

Sophia Youngman (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Edythe Meacham

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Heart Disease several
years.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Fracture, Left Hip. 26 days.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

R. J. Lubinski, M.D.
for: C. J. Lubinski, M.D.

CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

JAN. 18, 1950

19B. MAJOR FINDINGS OF OPERATION

Fracture Neck Left Femur.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

Accident.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Roland Park Apt. 27/14

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

JAN. 17 1950

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slumped to floor and struck hip
Accidental against wall22. I hereby certify that I attended the deceased from JAN. 17, 1950 to Feb 13, 1950, that I last saw the
deceased alive on Feb 13, 1950, and that death occurred at 5:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Alvin Bongelaar

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

Feb 13, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/14/50

24C. NAME OF CEMETERY OR CREMATORY

-

24D. LOCATION (City, town, or county)

Ravenna, Ohio

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

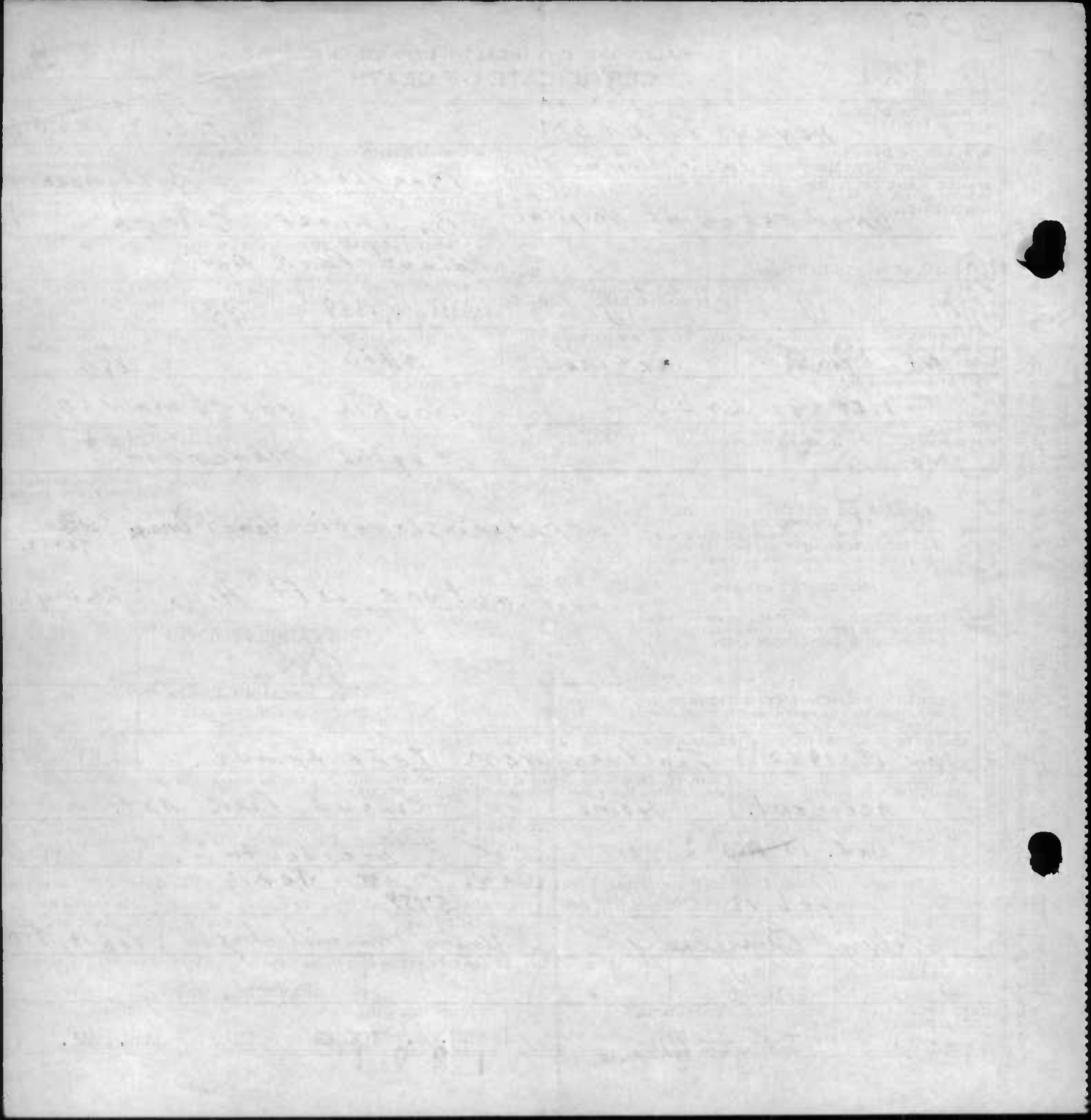
ADDRESS

Balto., Md.

FEB 14 1950
VS 150

1291

186a



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1292

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Madeline A. Cornwell

2. DATE OF DEATH

Feb 12 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

5313 Wright Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 26-04A

D. STREET ADDRESS (If rural, give location)

5313 Wright Ave

c. Length of stay in Baltimore

9 years

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Oct 7 - 1911

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Boston, Mass.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Frank A. Cogger

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank Cornwell 5313 Wright Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage

2-11-50

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

metastatic from

12-49

(C)

melanoma

1945

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-10-50

19B. MAJOR FINDINGS OF OPERATION

Signs of metastatic lungs

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec, 1949, to Feb 12, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 5:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Moore

23B. ADDRESS

3105 Belair Rd

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 15 - 1950

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cemetery

24D. LOCATION (City, town, or county)

Frederick Rd Balto. Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Joseph J. Agnew, 2013 Greenmount Ave

FEB 14 1950

10-1-35

THE STATE OF TEXAS
COUNTY OF DALLAS

1935

Know all men by these presents

that I, John A. Campbell

do hereby certify

that the within and foregoing

is a true and correct copy

of the original as the same appears

from the records of the

County of Dallas, Texas

and that the same is

correctly transcribed from the

original as the same appears

from the records of the

County of Dallas, Texas

and that the same is

correctly transcribed from the

original as the same appears

from the records of the

County of Dallas, Texas

and that the same is

correctly transcribed from the

original as the same appears

from the records of the

County of Dallas, Texas

and that the same is

correctly transcribed from the

original as the same appears

from the records of the

County of Dallas, Texas

and that the same is

correctly transcribed from the

original as the same appears

from the records of the

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-620
50 1293

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 120.0 50 1293
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>William Franklin Harris</i>			2. DATE OF DEATH <i>Feb. 13 1950</i>		
3. PLACE OF DEATH: A. <i>Baltimore City, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Union Memorial Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonsville 52-00</i>			D. STREET ADDRESS (If rural, give location) <i>Redwell and Westchute Ave.</i>		
c. Length of stay in Baltimore			5. SEX <i>Male</i>			6. COLOR OR RACE <i>White</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>			8. DATE OF BIRTH <i>Jan 5, 1884</i>			9. AGE (In years last birthday) <i>66</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>William Edward Harris</i>			14. MOTHER'S MAIDEN NAME <i>Jane Metilda Champayne</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>Mrs. James H. Walker Catonsville, Md.</i>		
18. CAUSE OF DEATH						INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Congestive Heart Failure</i>						—		
A. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerotic Heart Disease</i>						—		
B. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>+ Generalized arteriosclerosis</i>						—		
C. <i>(Pulmonary) Infarction, Rt. lung.</i>						—		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb 10, 1950</i> to <i>Feb 13, 1950</i> , that I last saw the deceased alive on <i>Feb 13, 1950</i> , and that death occurred at <i>10:30 p. m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Richard R. Beach</i>			23B. ADDRESS <i>Union Memorial Hosp.</i>			23C. DATE SIGNED <i>2-14-50</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>Feb. 16, 1950</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park Cemetery</i>		
24D. LOCATION (City, town, or county) <i>Baltimore, Maryland</i>			25. FUNERAL DIRECTOR <i>Easton Sons, Ellicott City, Md.</i>			ADDRESS		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 14 1950</i>			REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>					

5500001293

93D

8591 04

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of health officer		17. Signature of coroner		18. Signature of jury	
19. Signature of jury		20. Signature of jury		21. Signature of jury	
22. Signature of jury		23. Signature of jury		24. Signature of jury	
25. Signature of jury		26. Signature of jury		27. Signature of jury	
28. Signature of jury		29. Signature of jury		30. Signature of jury	
31. Signature of jury		32. Signature of jury		33. Signature of jury	
34. Signature of jury		35. Signature of jury		36. Signature of jury	
37. Signature of jury		38. Signature of jury		39. Signature of jury	
40. Signature of jury		41. Signature of jury		42. Signature of jury	
43. Signature of jury		44. Signature of jury		45. Signature of jury	
46. Signature of jury		47. Signature of jury		48. Signature of jury	
49. Signature of jury		50. Signature of jury		51. Signature of jury	
52. Signature of jury		53. Signature of jury		54. Signature of jury	
55. Signature of jury		56. Signature of jury		57. Signature of jury	
58. Signature of jury		59. Signature of jury		60. Signature of jury	
61. Signature of jury		62. Signature of jury		63. Signature of jury	
64. Signature of jury		65. Signature of jury		66. Signature of jury	
67. Signature of jury		68. Signature of jury		69. Signature of jury	
70. Signature of jury		71. Signature of jury		72. Signature of jury	
73. Signature of jury		74. Signature of jury		75. Signature of jury	
76. Signature of jury		77. Signature of jury		78. Signature of jury	
79. Signature of jury		80. Signature of jury		81. Signature of jury	
82. Signature of jury		83. Signature of jury		84. Signature of jury	
85. Signature of jury		86. Signature of jury		87. Signature of jury	
88. Signature of jury		89. Signature of jury		90. Signature of jury	
91. Signature of jury		92. Signature of jury		93. Signature of jury	
94. Signature of jury		95. Signature of jury		96. Signature of jury	
97. Signature of jury		98. Signature of jury		99. Signature of jury	
100. Signature of jury		101. Signature of jury		102. Signature of jury	



S-514
50 1294BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1294

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE SCHOENFELD

2. DATE
OF
DEATH

2/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

23-02

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1510 Hanover St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1510 Hanover St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 18, 1867

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

household

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Gustav Schoenfeld

14. MOTHER'S MAIDEN NAME

Rosetta Pieffer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Raymond Schmidt

ADDRESS

1145 W. Hamburg St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Atherosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an _____ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

Autopsy, Inspection or Inquiry

23A. SIGNATURE

John Pharo

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town or county) (State)

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

A. Howard Evans 1400 S. Charles St.

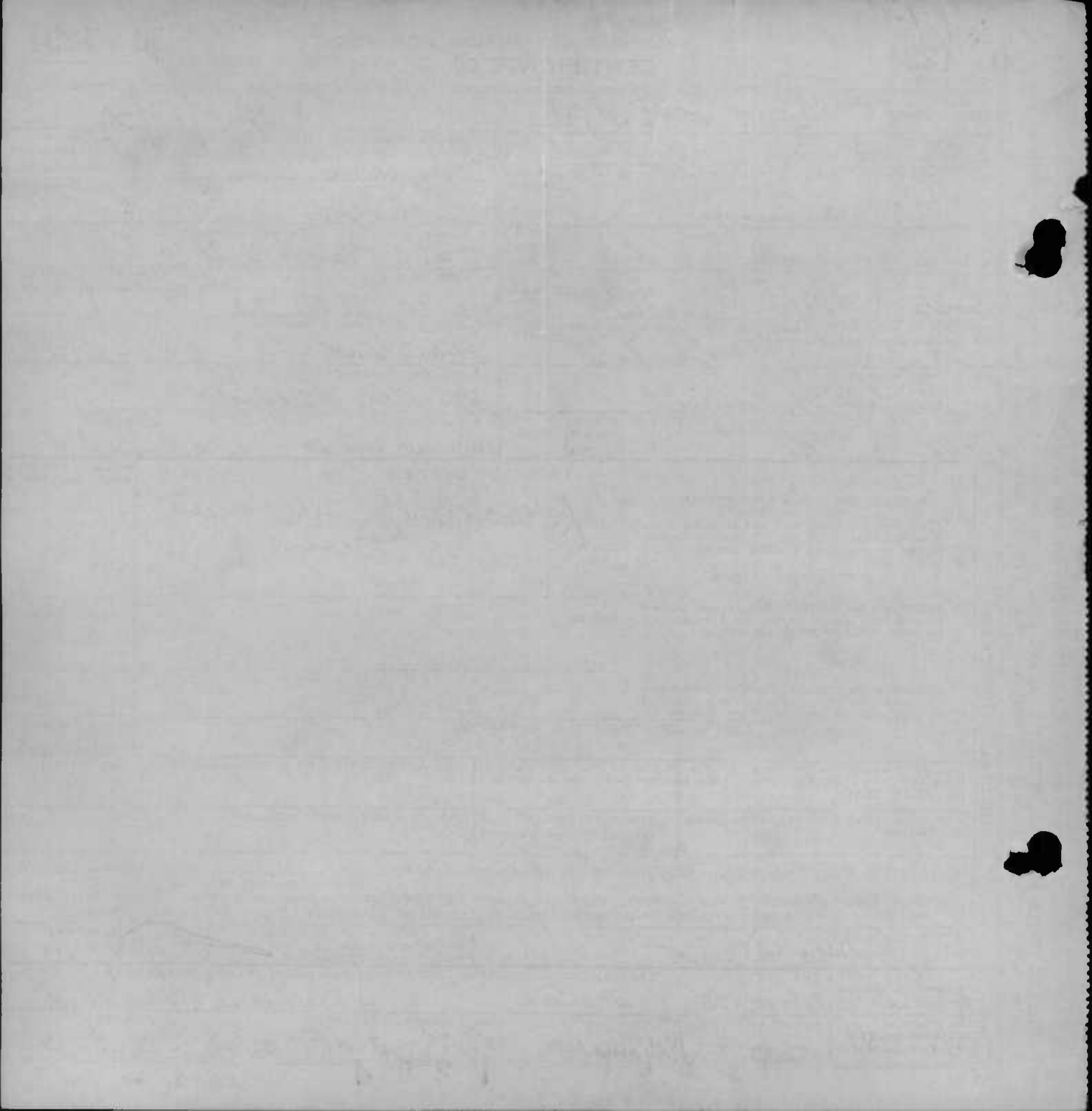
ADDRESS

Baltimore, Md.

VS 151

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH587.1 50 1295
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Johnnie Jackson

2. DATE
OF
DEATH

Feb. 13, 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 22-02D. STREET ADDRESS (If rural, give location)
516 St. Greene St

c. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

11-4-1900

9. AGE (In years last birthday)

49

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Steamboat Co

11. BIRTHPLACE (State or foreign country)

Norfolk, Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mark Jackson

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pulmonary Embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Pancreatitis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Biliary - fistula

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

1/150 7/50

19B. MAJOR FINDINGS OF OPERATION

Pancreatitis

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1949, to 2/13, 1950, that I last saw the deceased alive on 2/13, 1950, and that death occurred at 10 p.m., from the causes and on the date stated above.

23A. SIGNATURE

James E. Chaney

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Buried

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Joseph A. Lively

ADDRESS

661 W. Baver

CERTIFICATE OF DEATH

10

10

10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **50 1296**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANDREW

(MICHAEL)

MAJKA

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

21 N. Washington Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1899

9. AGE (In years last birthday)

51

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Bethlehem Steel Co Sheet Metal

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Roman Majka

14. MOTHER'S MAIDEN NAME

Ank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

213-072227

17. INFORMANT

Leon Majka 2513 303 Ave

18. ~~E 890~~ E 972 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Asphyxiation

DUE TO carbon monoxide poisoning

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21 N. Washington Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
2-13-50 ? A. m.21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒21F. HOW DID INJURY OCCUR? Leak in gas pipe
and oven on but unlit.22. I certify that I took charge of the remains described above, held an insp. & inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
2-13-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
REGISTRAR'S SIGNATURE

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1950

VS 151 314 1950

William Williams, Jr.

Fred S. Ozogowski

N- 918.0 362 29

163 H 950 Eastern Ave

For statistical purposes only

Classify to suicide:

Do not copy this on any transcript
— — —

50-
See Document File 2223

4-19-50

Ex

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1297

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Earline Thompson

2. DATE
OF DEATH

Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 613 N. Mount St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balt. City

C. Length of stay in Baltimore

Six

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

16-03

5. SEX

C

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 21, 1921

9. AGE (In years,
last birthday)

28

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt. City

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Dewitt Clark

14. MOTHER'S MAIDEN NAME

Connie Walker

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Grace Clark 613 N. Mount St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

CAUSE OF DEATH

Chronic Nephritis

INTERVAL BETWEEN
ONSET AND DEATH

19 mths

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Marked Anemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Nov 20, 1949, to Feb. 12, 1950, that I last saw the deceased alive on 2/12, 1950, and that death occurred at 7:35 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Neill, M.D.

23B. ADDRESS

420 N. Green St.

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery A. A. Co., Inc.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

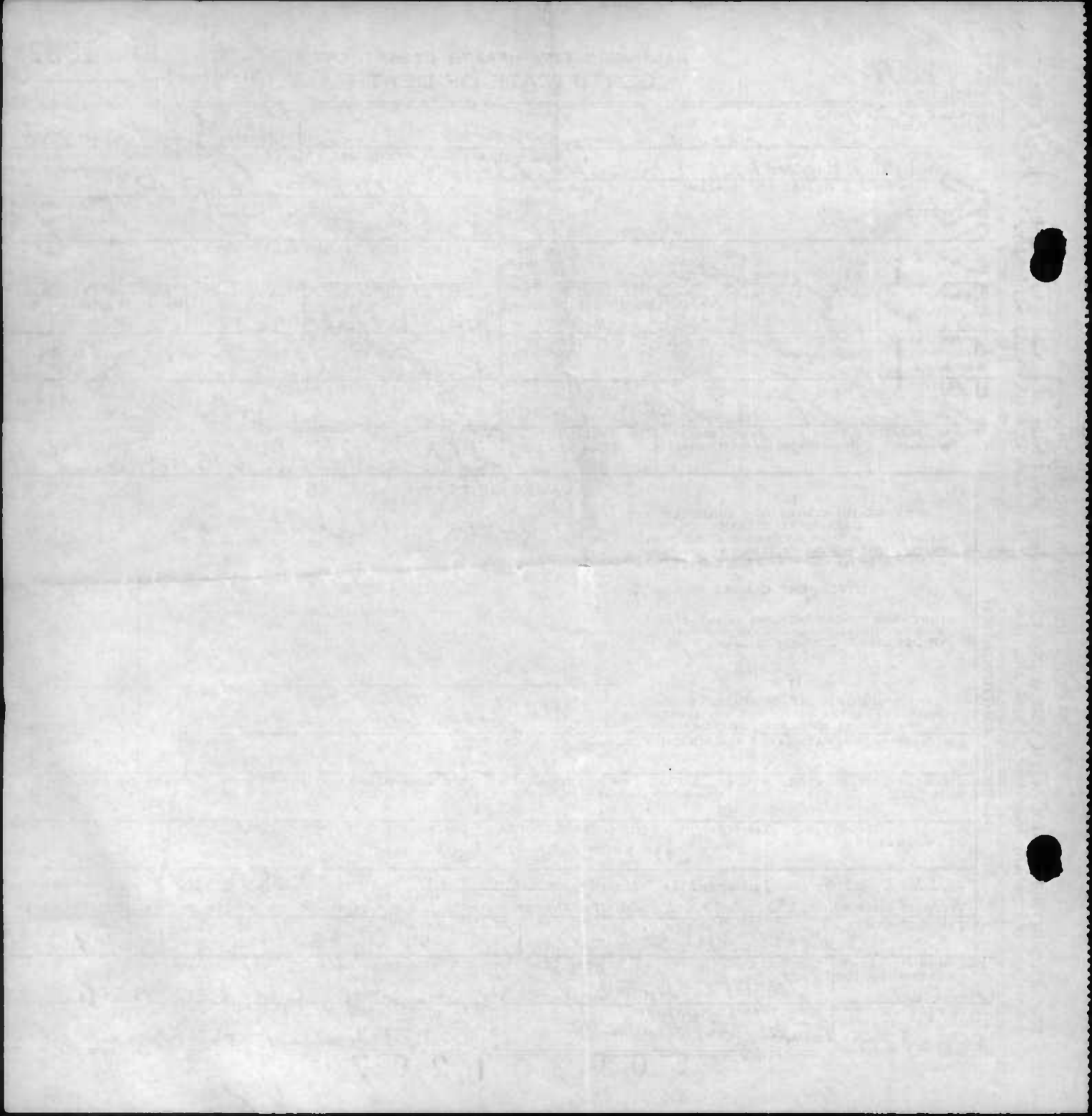
Robert McElroy 1515 McElroy St.

VS 150

52086

514500001297

131B



5-636

50 1298

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1298
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John G. Schrauder (SCHRAUDER)

2. DATE
OF
DEATH

2/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

PINECREST SANATORIUM

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-07

D. STREET ADDRESS (If rural, give location)

720 S. PONCA ST.

c. Length of stay in Baltimore ABOUT

68

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

SEPT. 20, 1865

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

LABORER.

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

? SCHRAUDER

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EVA B. MILLER, 720 S. PONCA ST.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis + Myocardial
Degeneration w/ HT

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

DUE TO

Hypertrophy of the Parathyroid Gland

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb 3, 1950, to Feb. 13, 1950, that I last saw the
deceased alive on Feb 13, 1950, and that death occurred at 10:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M.D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-16-50.

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART CEM

24D. LOCATION (City, town, or county)

GERMAN HILL RD. BALTO.

(State)

CO. MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles L. Zeiler 901 S. Conkling St.

CERTIFICATE CORRECTED 2-23-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Ridgely Emory

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Union Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Townson.

c. Length of stay in Baltimore

?

D. STREET ADDRESS (If rural, give location)

104 W. Pennsylvania, Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 28, 1892

9. AGE (In years

last birthday)

57

11 Under 1 Year

Months: Days

12 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Engineering (Electrical)

10B. KIND OF BUSINESS OR INDUSTRY

GAS & ELEC. CO.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

United States

13. FATHER'S NAME

Daniel Hopper Emory

14. MOTHER'S MAIDEN NAME

Julia Ridgely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Virginia P. Emory, Townson, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Neurogenic Sarcoma & Metastasis

5 months

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Jan 3, 1950

19B. MAJOR FINDINGS OF OPERATION

Neurogenic Sarcoma.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from January 1, 1950 to February 13, 1950, that I last saw the deceased alive on Feb. 13, 1950, and that death occurred at 1:40 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. F. Coy 3rd

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 15/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1950

Wm. H. Williams

Stewart & Mowen Co., 108 W. North Ave.

VS 150

V1858

55E City #1.

0691 00

11 2 11 11 11



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **50 1300**

BIRTH NO. **50 1300**

1. NAME OF DECEASED (Type or Print) Burtha Katherine Carter			2. DATE OF DEATH 2-13-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hosp. for Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07		
C. Length of stay in Baltimore 73 Yrs. Mo. Days			D. STREET ADDRESS (If rural, give location) Wyman Park Apt		
5. SEX 7	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 11, 1896	9. AGE (In years last birthday) 74	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Henry Gettemuller			14. MOTHER'S MAIDEN NAME Amelia Merle		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Mr. Preslev A. Carter 2 Hillside Rd. 10		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cerebral Vascular Accident DUE TO (B) Hypertensive Cerebral Vascular Disease DUE TO (C) — INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Jan. 24, 1950 , to Feb. 13, 1950 , that I last saw the deceased alive on Feb. 13, 1950 , and that death occurred at 8:05 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE John R. Smith, Jr.	23B. ADDRESS Women's Hosp., Balto. 17 Md.	23C. DATE SIGNED 2-13-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/16/50	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.	25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 14 1950		
REGISTRAR'S SIGNATURE Wilmington Williams, Jr.		

A-520

50 1301

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1301

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM D. AMOSS

2. DATE
OF
DEATH

Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md. Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1608 John St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1608 John St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 29, 1900

9. AGE (In years
last birthday)

50

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Steel Mfg.

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Benjamin Amoss

14. MOTHER'S MAIDEN NAME

Mary Kroner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Beulah Amoss

1608 John St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cardiac insufficiency 24 hrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Angina - pectoris 24 hours
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertension 3 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 12, 1950, that I last saw the
deceased alive on Feb 12, 1950, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 14 1950

Thurston M. Miquis, M.D.

WM. J. TICKNER & SONS

Balto., Md.

VS 150

26629

1301

94B

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1900

for

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1302

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gillian Ashland Knight

2. DATE
OF
DEATH

Feb. 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1213 E. Biddle St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 10-01

C. Length of stay in Baltimore

20 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1213 E. Biddle St

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5-15-1897

9. AGE (In years
last birthday)

53

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. CAMP

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Knight

14. MOTHER'S MAIDEN NAME

Roser Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Walter Knight 1213 E. Biddle St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular
Accident

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Wm. H. Kanner, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 10, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National Balts

24D. LOCATION (City, town, or county)

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Rayner Sanders

FEB 14 1950

98895

830

9412 E. Preston St

CERTIFICATE OF DEATH

STATE OF NEW YORK

NY

1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1303

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MOSES JOHNSON

2. DATE
OF
DEATH

February 10, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

10-02

D. STREET ADDRESS (If rural, give location)

833 Aisquith Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

7-15-1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSING PROJECT

11. BIRTHPLACE (State or foreign country)

S. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Preston Johnson 833 Aisquith St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

Feb. 11, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Bm A. G. Co

24D. LOCATION (City, town, or county)

7th

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 14 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

R. S. Fisher

ADDRESS

1412 E. Preston St

VS 151

988 98

931

1412 E. Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1304

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1304

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES ALBERT JONES

2. DATE
OF
DEATH

Feb 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2626 Lehman St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE 20-05

c. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

2626 LEHMAN ST.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

October 26, 1872

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEAM FITTER

10B. KIND OF BUSINESS OR INDUSTRY

BOILERS

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John H. Jones

14. MOTHER'S MAIDEN NAME

ISABELLE SIPES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

NONE

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

JENNIE V. JONES, 2626 LEHMAN ST.

18.

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

3 hr

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1949 to Feb 13, 1950, that I last saw the deceased alive on Feb 8, 1950, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. McCallins

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

2/14/50

24A. BURIAL CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

10-15-50

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county)

BALTIMORE - Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEO. L. SCHWAB 2101 FREDERICK AVE.

FEB 15 1950

VS 150

34830

1304

52B

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Funeral Home

Signature of Burial Society

Signature of Cemetery

Signature of Undertaker

Signature of Embalmer

Signature of Mortician

Signature of Burial Society

Signature of Cemetery

Signature of Undertaker

Signature of Embalmer

Signature of Mortician

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TARLTON

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1305

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Judy Tarlton

2. DATE
OF
DEATH

Feb. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4914 Monroe Rd

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Tarlton

14. MOTHER'S MAIDEN NAME

Kate Sniper

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Tetralogy of Fallot

cyanotic 24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/9, 1950, to 2/14, 1950, that I last saw the deceased alive on 2/14, 1950, and that death occurred at 12:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Sharon M. Pk.

JOHNS HOPKINS HOSPITAL

2/14/50

23A. BURNAL, CREMATION, REMOVAL (Specify)

24A. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Tunington Williams M.D.

Theodore J. Blight 6009 Bayford

CERTIFICATE OF ANALYSIS

ANALYSIS OF
SAMPLE NO. 1
DATE OF ANALYSIS
ANALYST
FINDINGS
REMARKS
SIGNATURE
DATE

T-635
50 1306BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1306
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN

F.

TROUTNER

2. DATE
OF
DEATH

February 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore (O'Donnell Heights)

D. STREET ADDRESS (If rural, give location)

111 Wallaston Way

26-06

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 18, 1880

9. AGE (In years

last birthday)

70

11 Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Insurance Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Independant Life

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

212-16-0892

17. INFORMANT

Benj. F. Troutner, 605 Essex, Md.
Virginia Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Hematoma of the right thigh

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☒
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
home21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1109 Urban Way, O'Donnell Heights

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
1-27-5021E. INJURY OCCURRED
? B. WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell downstairs in home

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
2-13-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Meadow Ridge

24D. LOCATION (City, town, or county)

Dorsey, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.

VS 151

27480

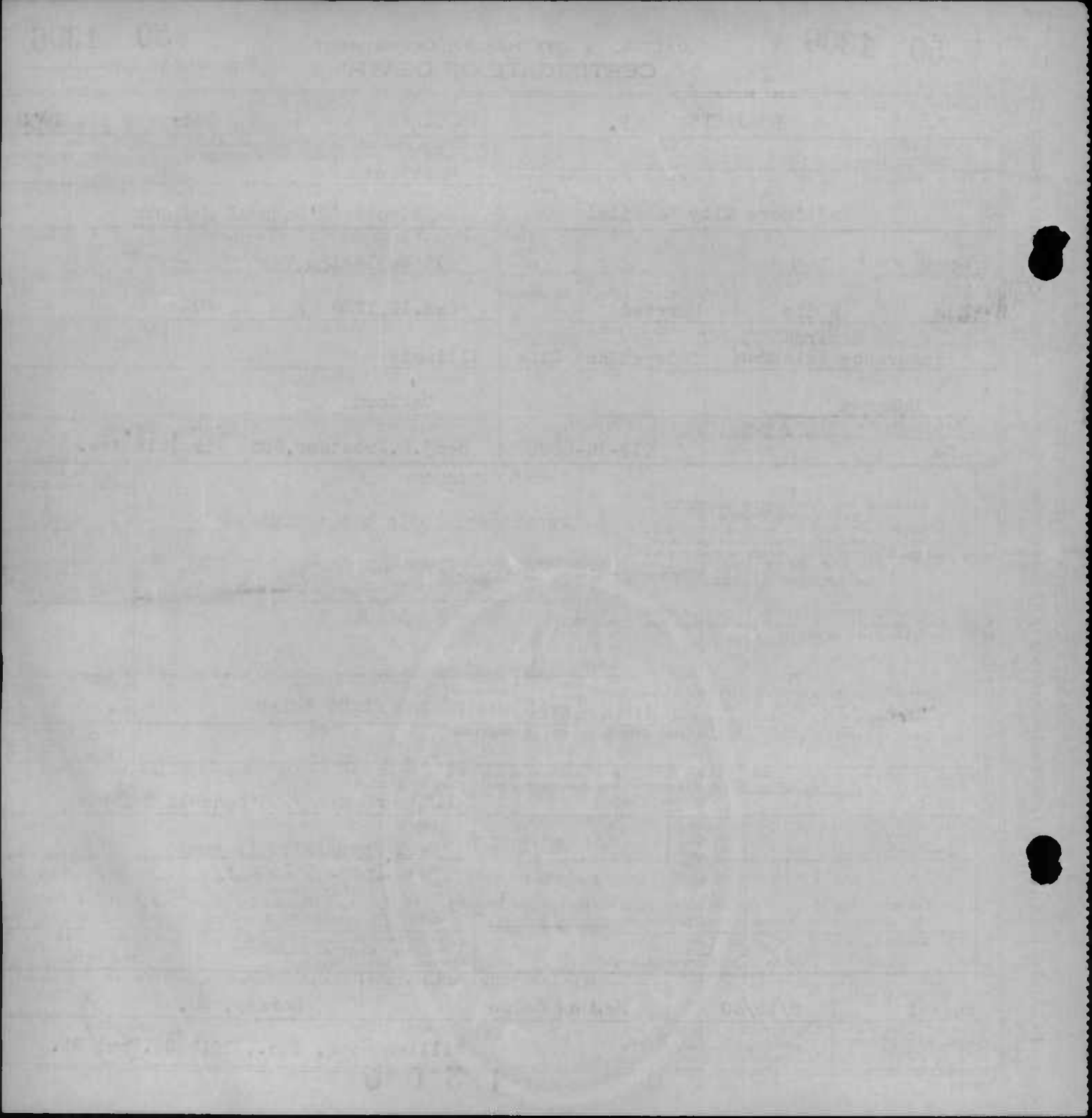
1 285 0 0 0 1 3 0 6 937

✓

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1307

BIRTH NO.

50

1307

50-03426

1. NAME OF DECEASED
(Type or Print)

BABY BOY FIDLER

2. DATE
OF
DEATH

2-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

B alt 11

13-08

D. STREET ADDRESS (If rural, give location)

2021 Grand Park Drive

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

2-12-50

9. AGE (In years
last birthday)

1 day

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

ALBERT Fidler

14. MOTHER'S MAIDEN NAME

Joy Harding Fidler

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Aspiration Pneumonia

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

none

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

none

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13-50, 1950, to 2-13-50, 1950, that I last saw the
deceased alive on 2-13, 1950, and that death occurred at 5:00 PM from the causes and on the date stated above.

23A. SIGNATURE

William A. Ransom

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-13-50

24C. NAME OF CEMETERY OR CREMATORY

St Marys Hospital Baltimore Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

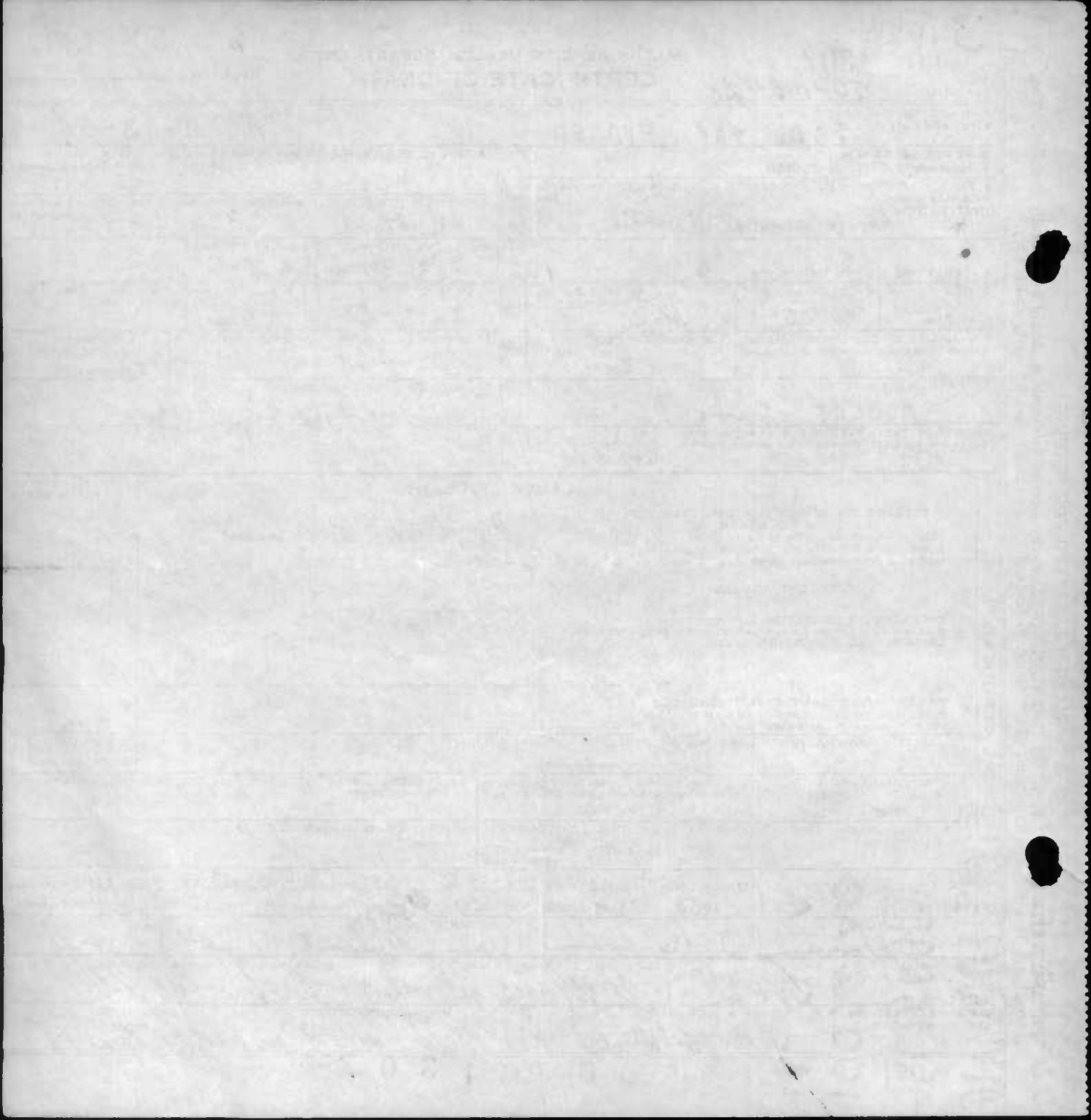
REGISTRAR'S SIGNATURE

Tunington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

William A. Ransom 1217 H St



MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-523

50 1308

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

199.2 50 1308
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) SAMUEL WEINSTEIN		2. DATE OF DEATH 2-14-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY 1			
B. FULL NAME OF (If not in hospital or institution, give street address or location) SINAI Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12			
c. Length of stay in Baltimore 40 Yrs. 40 Mos. 40 Days		D. STREET ADDRESS (If rural, give location) 2418 Keyworth Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-5	9. AGE (In years last birthday) 75	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Carpenter		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Joseph		14. MOTHER'S MAIDEN NAME Leah			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Tammie Weinstein	
				ADDRESS 2418 Keyworth	
18. CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRONCHOPNEUMONIA					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CARCINOMA?					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-27-50 , to 2-14-50 , that I last saw the deceased alive on 2-14-50 , and that death occurred at 11:57 m., from the causes and on the date stated above.					
23A. SIGNATURE James G. Garner		23B. ADDRESS James 100p		23C. DATE SIGNED 2-14-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-15-50		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. DATE RECEIVED BY LOCAL REGISTRY FEB 15 1950		24F. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
24G. FUNERAL DIRECTOR Jack Lewis		24H. ADDRESS 2100 Eutan Rd		24I. DATE RECEIVED BY LOCAL REGISTRY 1-5-50	

VS 150
308 V9

1300

55E

First organ involved unknown. Letter in document file 50-1308
3/1/50.

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Louis HORWITZ

2. DATE
OF
DEATH

2-14-56

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

(before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2650 Park Heights Terrace Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2650 Park Heights Terrace

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years

last birthday)

If Under 1 Year

Months; Days

If Under 24 Hours

Hours; Min.

10A. USUAL OCCUPATION (Give kind of
work denoting most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Rose Altshuler 2505 Brookfield Ave

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

3 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1944, to 2/14, 1950, that I last saw the
deceased alive on 2/14, 1950, and that death occurred at 2 P. M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Huntington Williams, M.D.

Jack Ferguson 2100 Canton Pl.

Sanubur
7128 W North Ave
Mo 2486

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		E900.0 50 1310	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		Registered No.	
Mary Medmore		FEB 14 1950			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md			
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-01			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 821 N. Linwood Ave			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 30 1872	9. AGE (In years last birthday) 77 77	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY a t	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John J Brady		14. MOTHER'S MAIDEN NAME Mary R Merson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral injuries due to fall down stairs DUE TO (B) DUE TO (C) Acute Pulmonary edema due to A + hypertensive Heart Disease		INTERVAL BETWEEN ONSET AND DEATH		CERTIFICATION APPROVED BY H. J. McClafferty M. D. CHIEF OR ASST. MEDICAL EXAMINER	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR (If in Baltimore City, give exact location) 821 N Linwood Ave. 7/1	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY February 14, 1950 1a. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Took wrong turn out of bathroom & fell downstairs	
22. I hereby certify that I attended the deceased from 2-14-50 to 2-14-50, that I last saw the deceased alive on 2-14-50, and that death occurred at 5:08 a.m., from the causes and on the date stated above.					
23A. SIGNATURE Craw Colkins M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 17 1950		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2008 Orleans St			
DATE RECEIVED BY LOCAL REGISTRAR FEB 15 1950		REGISTRAR'S SIGNATURE L. H. Williams, M.D.			

W-37

CERTIFICATE OF DEATH

Wm. J. ...

...

...

...

...

...

...

...

...

...

...

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-125

50 1311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1311

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Bessie Hobson</i>		2. DATE OF DEATH <i>FEB 13 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balt. City</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 10-02</i>	
c. Length of stay in Baltimore <i>25 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>808 N. Spring St.</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>sep.</i>	8. DATE OF BIRTH <i>7-31-1909</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		9B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
10. BIRTHPLACE (State or foreign country)		11. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>William Hurt</i>		14. MOTHER'S MAIDEN NAME <i>Susie Stokes</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>2 d.</i>
	(A) <i>Cerebral Hemorrhage, left</i>	DUE TO	
	(B) <i>Hypertensive C.V. Disease yrs</i>	DUE TO	
ANTECEDENT CAUSES	(C)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-12-1950</i> to <i>2-13-1950</i> , that I last saw the deceased alive on <i>2-13-1950</i> , and that death occurred at <i>2:35 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>David L. Wilson</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>2-13-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>2-16-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mr Calvary Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balt. Md.</i>		24E. FUNERAL DIRECTOR <i>Elroy S. Wilson</i>		24F. ADDRESS <i>1000 Brantly</i>	
DATE RECEIVED BY <i>FEB 15 1950</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Elroy S. Wilson</i>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1312

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY MILTON MISKIMON

2. DATE
OF
DEATH

Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5906 Harford Road

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

27-06

D. STREET ADDRESS (If rural, give location)

5906 Harford Road

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

March 7, 1859

9. AGE (in years
last birthday)

90

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR
INDUSTRY

Perry Point Hosp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm.

Miskimon

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

none

17. INFORMANT 5906 Harford Road
Mrs. Harry M. Kachele

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Chr. myocarditis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Chr. Arteriosclerosis*
DUE TO

(C)

Indefinite

Indefinite

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☒ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949 to Feb 11, 1950, that I last saw the
deceased alive on Feb 11, 1950, and that death occurred at 7:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel M Beck

23B. ADDRESS

1002 23rd St Baltimore

23C. DATE SIGNED

Feb 12 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Greenmount Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

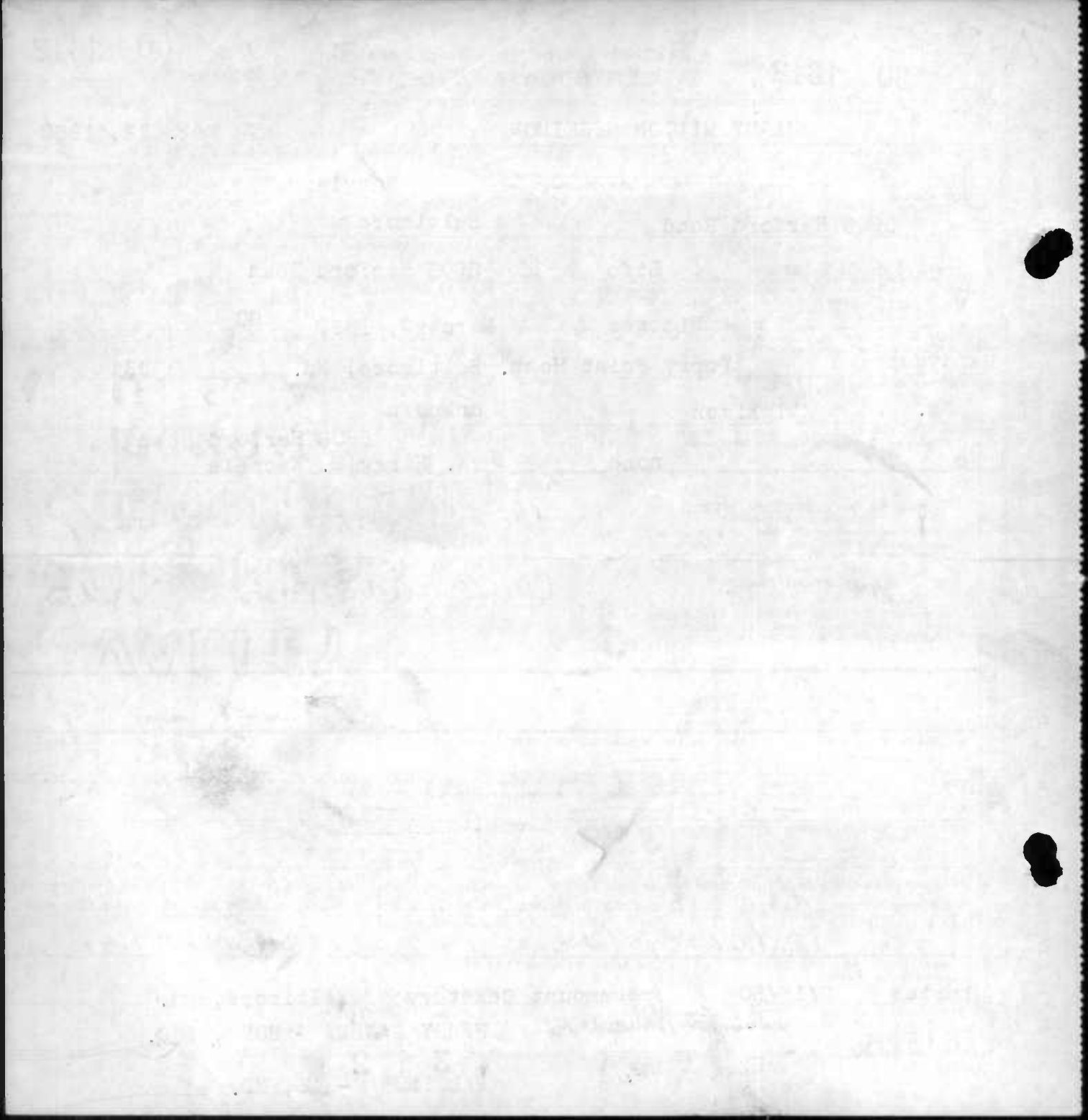
HENRY SANDER & SONS, INC.

ADDRESS

VS 150

BALTIMORE - 13, MD.

937



MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1313

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Coggins

2. DATE
OF
DEATH

February 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

3341 Elmora Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

6. STREET ADDRESS (If rural, give location)

3341 Elmora Avenue

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Aug. 20, 1873

9. AGE (in years last birthday)

76

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

?

Heim

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

XXXXXXXXXX NO

16. SOCIAL SECURITY NO.

None

17. INFORMANT ADDRESS
433 Random Road
Lawrence Henseling

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma Lymphoid

II
ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

One year ago

19B. MAJOR FINDINGS OF OPERATION

Resection

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1, 1949 to Feb. 12, 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 3 a. m., from the causes and on the date stated above.

23A. SIGNATURE

James Krause

M. D.

23B. ADDRESS

17 E Chase St.

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/15/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC

ADDRESS

VS 150

BALTIMORE 13, MD.

46E

TO THE HONORABLE SECRETARY OF THE ARMY
WASHINGTON, D. C.

DEAR SIR:

I have the honor to acknowledge the receipt of your letter of the 10th inst.

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Your obedient servant,

JOHN D. BROWN

Major, U. S. Army

Enclosed for the Secretary of the Army are two copies of a report of the Committee on the Organization of the Army, dated June 10, 1913.

Very respectfully,
JOHN D. BROWN

Dr. Leslie

1101 St Paul

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50

1314

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Julia Agnes Miller

2. DATE
OF
DEATH

Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2801 Louise Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27-07

D. STREET ADDRESS (If rural, give location)

2801 Louise Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 5, 1876

9. AGE (In years
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Robert Denmead

14. MOTHER'S MAIDEN NAME

Margaret Murphy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mary C. Miller, 3017 Gibbons Ave.

1B.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946, to Feb 12, 1950, that I last saw the
deceased alive on Feb 3, 1950, and that death occurred at 2:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Franklin E. Leslie M. D.

23B. ADDRESS

1101 St Paul St

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-15-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road

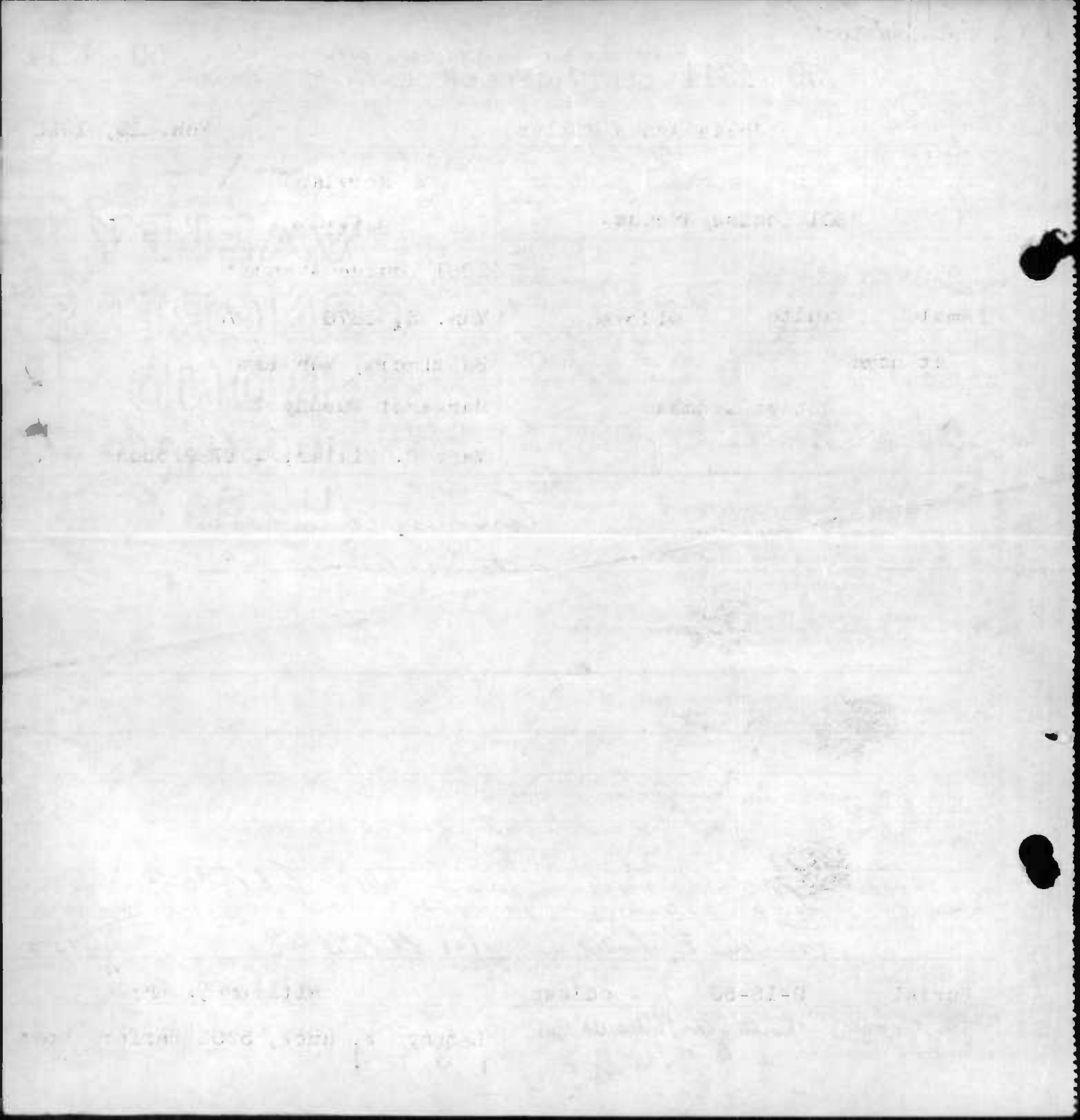
VS 150

50-9000 1314

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



Dr. Harbold

BALTIMORE CITY HEALTH DEPARTMENT

50 1315

CERTIFICATE OF DEATH

Registered No.

50 1315

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William J. Bateman

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3108 Orlando Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-05

D. STREET ADDRESS (If rural, give location)

3108 Orlando Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

B. DATE OF BIRTH

Jan. 30, 1876

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Sgt.

10B. KIND OF BUSINESS OR
INDUSTRY

Police Dept.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Bateman

14. MOTHER'S MAIDEN NAME

Bridget Leonard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Marie M. Bateman, 3108 Orlando

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cardiac Decompensation with Pulmonary Congestion
DUE TO Arteriosclerotic Heart Disease

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Chronic myocarditis
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 27, 1943 to FEB. 12, 1950, that I last saw the
deceased alive on Feb. 11, 1950, and that death occurred at 2 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2-15-50

New Cathedral

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

T. J. Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

VS 150

60498

500001315

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

1915
[Faint, mostly illegible text, possibly bleed-through from the reverse side of the page. Some words like "WILLIAM" and "JANUARY" are faintly visible.]

50 1316

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH541.0 50 1316
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Robert
HENRY KLEIN2. DATE
OF DEATH

2/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived; If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-05

D. STREET ADDRESS (If rural, give location)

1149 Homestead St.

c. Length of stay in Baltimore

Life

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Sept. 27, 1910

9. AGE (In years,
last birthday)

39

10 Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

house painter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

CHARLES F. KLEIN

14. MOTHER'S MAIDEN NAME

LENA VIEGEL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss WILHELMINA KLEIN 1914 Mt. Royal Terr.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bleeding Duodenal Ulcer
+ Pulmonary Edema

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT

NOT WHILE

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1950, to 2/14, 1950, that I last saw the
deceased alive on 2/14, 1950, and that death occurred at 10:24 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Lennard Koff

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-17-50

24C. NAME OF CEMETERY OR CREMATORY

LONDON PARK

24D. LOCATION (City, town, or county) (State)

Fred. Ave. BALTO. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

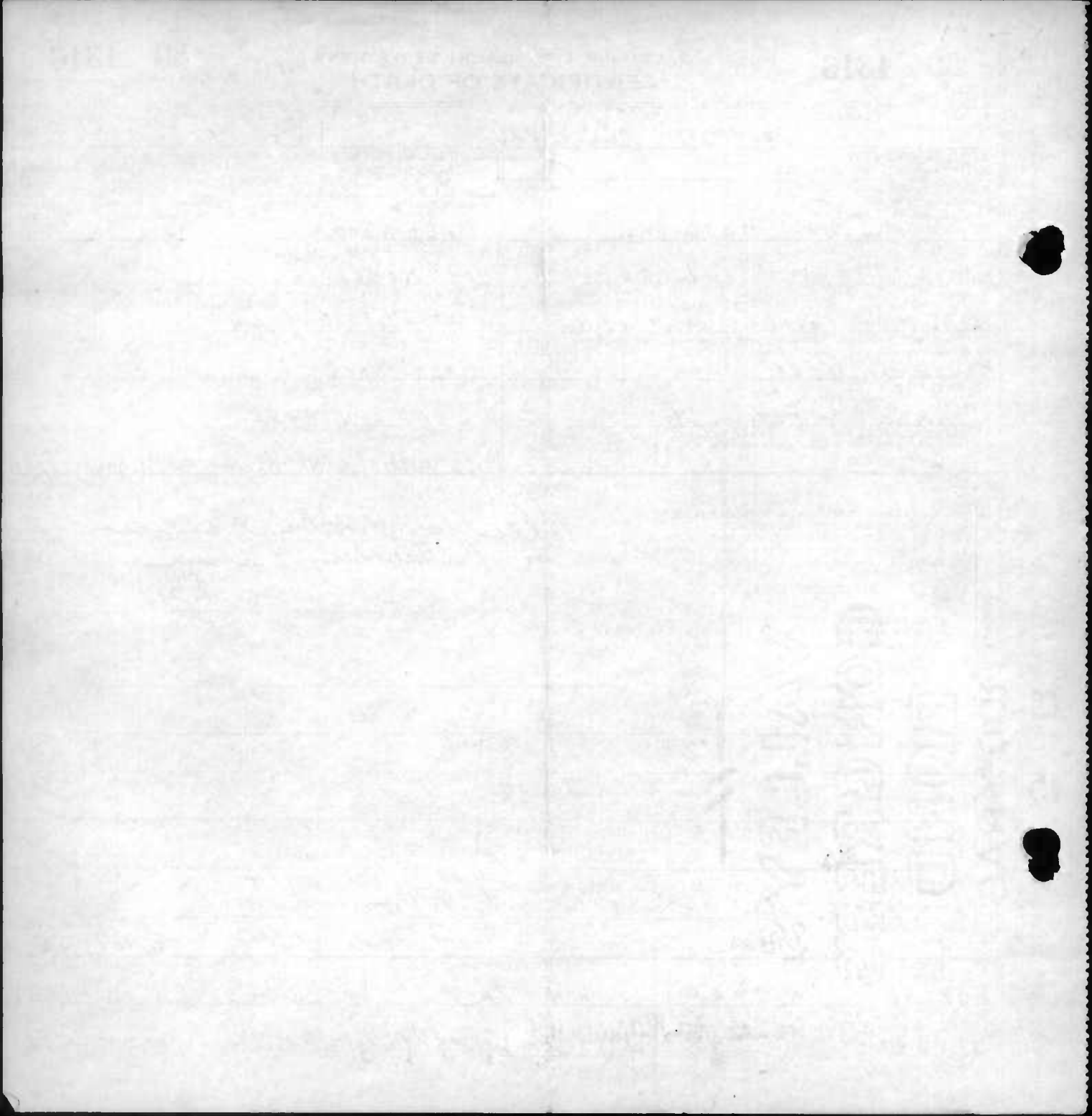
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell Sons Inc. 1900 EUTAW PL.



PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mollie Tamazune Campbell

2. DATE
OF DEATH

Feb. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Southern Hosp. & Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Southern Hospital & Home
2520 Greenmount Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2520 Greenmount Ave.

c. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 12, 1865

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

John Thomas Riddle

14. MOTHER'S MAIDEN NAME

Mary Elizabeth Ward

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records, Southern Home - 2520 Greenmount Ave

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Old Age

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Feb. 14, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Blake

M. D.

23B. ADDRESS

Medical Arts Bldg.

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

CERTIFICATE OF DEATH

John Smith, born [illegible] [illegible] [illegible]

of the County of [illegible] State of [illegible]

did depart this life on [illegible] day of [illegible] 19[illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

at [illegible] [illegible] [illegible]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1318

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE LUSIMANO

2. DATE
OF
DEATH

2-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Doctors Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL, and give township)

7-06

D. STREET ADDRESS (If rural, give location)

3012 HARFORD ROAD

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

Nov. 15, 1914

9. AGE (In years last birthday)

35

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Western Md. Railway

10B. KIND OF BUSINESS OR INDUSTRY

CLERK.

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF

USA? AMERICAN

13. FATHER'S NAME

Anthony Lusimano

14. MOTHER'S MAIDEN NAME

WOODEN, Capitola

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

3012 HARFORD ROAD, City

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac Decompensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Myo-Endocarditis

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-16, 1950, to 2-11, 1950, that I last saw the deceased alive on 2-11, 1950, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Jones

23B. ADDRESS

540V Belair Rd.

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-16-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Luck-5305 Harford Rd.

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMATOSIS LUNG

DUE TO

DISSEMINATED

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/10, 1950 to 2/14, 1950, that I last saw the deceased alive on 2/14, 1950, and that death occurred at 6:22 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Huntington Williams, M.D.

Geo. L. Schwab

2101 Frederick Ave.

VS 150

2500001319

477

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE 972° 50 1320
Registered No.

BIRTH NO.

50 1320

1. NAME OF DECEASED
(Type or Print)

HENRY J. BROCKMAN Jr.

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

58 W. Biddle Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 2-1909

9. AGE (In years
last birthday)

40 1/2

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Artist

10B. KIND OF BUSINESS OR
INDUSTRY

Media-Associated

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Henry J. Brockman Sr.

14. MOTHER'S MAIDEN NAME

Caroline Lawrence

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Mr. Henry J. Brockman Sr.
4806 Liberty St. Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

kitchen at 58 W. Biddle Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 13, 1950 ? a. m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☒21F. HOW DID INJURY OCCUR? Head in oven with
Oven & top burners open but unlit22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

E. L. Roy

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 13, 195024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 15-50

24C. NAME OF CEMETERY OR CREMATORY

Fond on Pk Cem

24D. LOCATION (City, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. J. Herr & Son

ADDRESS

3001 Kentucky Ave

CERTIFICATE OF DEATH

1900

NAME

AGE

SEX

RACE

RELATION

OCCUPATION

EDUCATION

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

PERIOD OF ILLNESS

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS ACCIDENT

PREVIOUS DISEASE

PREVIOUS INJURY

PREVIOUS OPERATION

PREVIOUS TREATMENT

PREVIOUS MEDICATION

PREVIOUS SURVIVAL

PREVIOUS RECOVERY

PREVIOUS IMPROVEMENT

PREVIOUS STABILIZATION

PREVIOUS RESOLUTION

PREVIOUS CURE

PREVIOUS HEALING

PREVIOUS REPAIR

PREVIOUS RESTORATION

PREVIOUS REPAIRMENT

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

PREVIOUS REPAIRS

PREVIOUS REPAIRING

MS-135695

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 330

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank Russell

2. DATE
OF
DEATH

2-11-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Rural - Essex

D. STREET ADDRESS (If rural, give location)

418 Oriole Ave.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Oct. 10-1888

9. AGE (In years
last birthday)

About 66

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Hudson N. York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Baltimore City Hospitals
Records--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-11-1950, to 2-11-1950, that I last saw the
deceased alive on 2-11-1950, and that death occurred at 3:00 PM from the causes and on the date stated above.

23A. SIGNATURE

J. Rogers

M. D.

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Huntington Williams, M.D.

John O. Connelly, Essex 21, Md.

VS 159

To Be Approved By Chief Medical Examiner

3 2 1

83a

98898

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

NOT A MEDICAL EXAMINER'S CASE

Dr. J. Mac Clafferty M.D.
CHIEF OR ASS'T. MEDICAL EXAMINER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1322

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Ernest

2. DATE
OF DEATH Feb. 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md. B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

351 S. Mount St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

351 S. Mount St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 13, 1854

9. AGE (In years
last birthday)

95

10. Under 1 Year
Months: Days

10

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Home Duties

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel Ernest

14. MOTHER'S MAIDEN NAME

Mary Grunewald

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
None17. INFORMANT ADDRESS
Charles Ernest 351 S. Mount St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) 12/2/80 Bronchopneumonia 2/1/80

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) none

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) none

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1950, 4/12, 1950, that I last saw the
deceased alive on 4/12, 1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Benjamin Kilde

M. O.

23B. ADDRESS

2030 W. Orleans Ave

23C. DATE SIGNED

4/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Frederick A. Cole 1713 W. Baltimore St.

4306

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1323

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA KREMER

2. DATE
OF
DEATH

2/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Balto. General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3107 Hanlon Ave

c. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

Oct 28, 1883

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?
USA.

13. FATHER'S NAME

Dr. Isaac Kremer

14. MOTHER'S MAIDEN NAME

Eva S.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

H Mortimer Kremer 2202 Chilham Road

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Ca of recto sigmoid

3 yrs.

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II

(C)
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1/21/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of recto sigmoid

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1950, to Feb 14, 1950, that I last saw the
deceased alive on Feb 17, 1950, and that death occurred at 12:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Mortimer C. Kremer, M. D.

23B. ADDRESS

1413 Light St

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-16-50

24C. NAME OF CEMETERY OR CREMATORY

Mickro- Kodesh Cong.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Mortimer C. Kremer, M. D.

25. FUNERAL DIRECTOR

ADDRESS

Sol. Levinson & Bros. 1124 W North Avenue

50 1324

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1324
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dominick A.. Lanahan

2. DATE
OF
DEATH

Feb. 14, 1950

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

419 S. Gilmore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

419 S. Gilmore St.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 10, 1892

9. AGE (In years
last birthday)

55 57

10. Under 1 Year
Months: Days
Hours: Min.

4

4

4

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Welder

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R.R.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dominic A. Lanahan

14. MOTHER'S MAIDEN NAME

Catherine T. Lavan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

705-10-9584

17. INFORMANT

ADDRESS

Mary Lanahan 419 S. Gilmore St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Accident

3 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

(C)

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 4/8, 1946 to 2/14, 1950, that I last saw the
deceased alive on 7/12, 1950, and that death occurred at 10 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

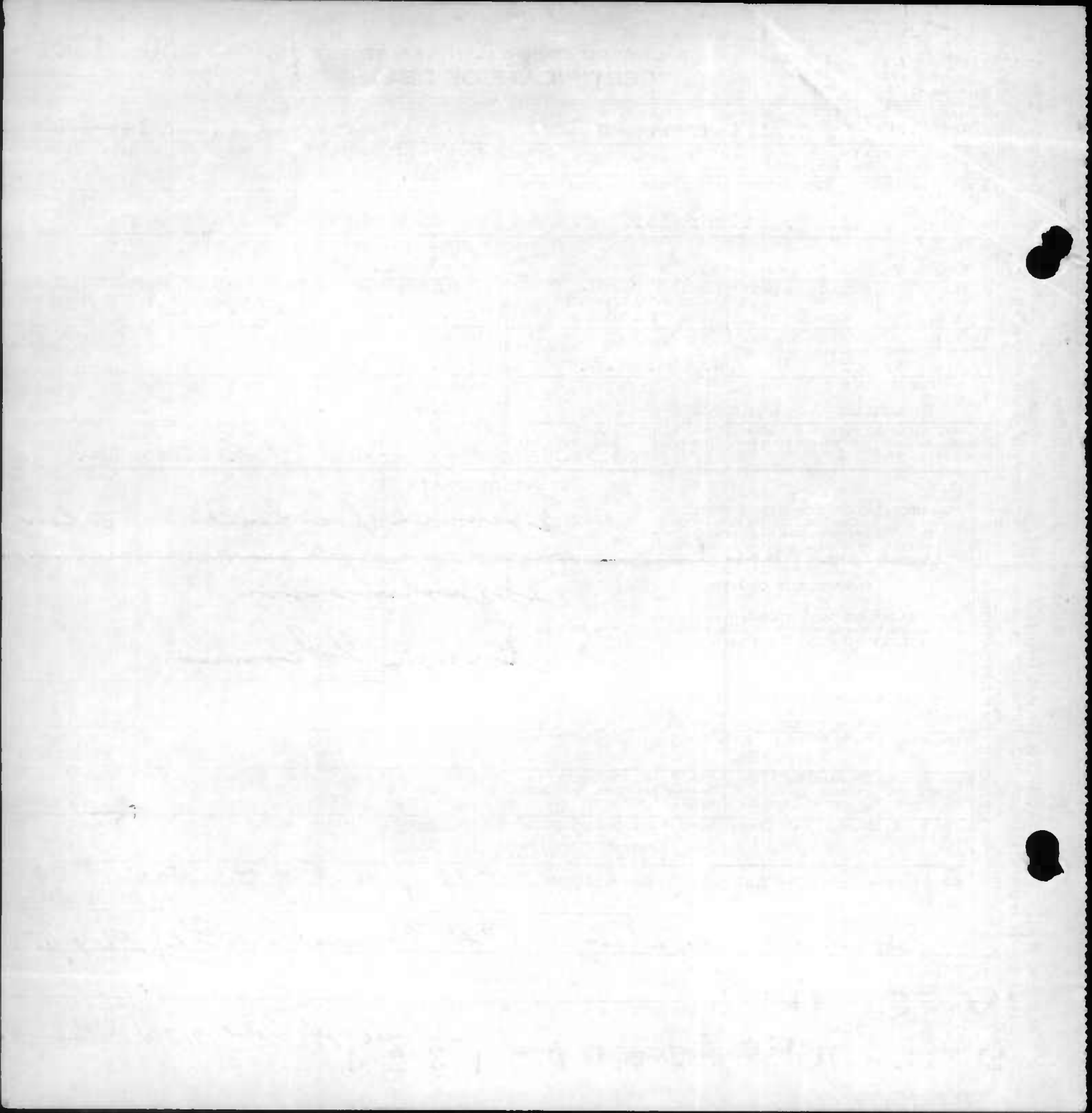
ADDRESS

VS 150

46447

1324

83a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis
DUE TO

10 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CHR. INTERSTITIAL NEPHRITIS
DUE TO

3 YRS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) LOBAR PNEUMONIA
UREMIA

5 DAYS

5 DAYS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB 1, 1950, to FEB 13, 1950, that I last saw the deceased alive on FEB 13, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

RECEIVED

OFFICE OF THE SECRETARY OF THE ARMY

WASHINGTON, D. C.

1967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1326

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine La Calamito

2. DATE
OF
DEATH

Feb. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS

(If rural, give location)

Baltimore 12-04
2012 N. Calvert St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

5

8. DATE OF BIRTH

2-5-47

9. AGE (In years last birthday)

3 2

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Arthur La Calamito

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Tuberculous meningitis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/13 1950, to 2/14 1950, that I last saw the deceased alive on 2/14 1950, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Aulton Prysowsky

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2-15-50

24C. NAME OF CEMETERY OR CREMATORY

HOLY REDEEMER

24D. LOCATION (City, town, or county)

CITY

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

L. M. Williams

25. FUNERAL DIRECTOR

W. B. DEFELO & SON

ADDRESS

CERTIFICATE OF DEATH

1. Name of deceased

2. Date of death

3. Place of death

MARGIN RESERVED FOR BINDING
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1327

BIRTH NO. 50 1327 49-07583

1. NAME OF DECEASED
(Type or Print)

VIRGINIA

STREATER

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Univeristy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1211 Winchester Street

C. Length of stay in Baltimore

life

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

3/28/49

9. AGE (In years
last birthday)

11 mos

If Under 1 Year
Months Days Hours Min.

16 XX

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Streater

14. MOTHER'S MAIDEN NAME

Eleanore Williams

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

James Streater 1535 Leslie St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Lobar Pneumonia, left

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Geo. G. Nelson 1303 Presstman St.

CERTIFICATE OF DEATH

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

11 Nov 11

PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-536

50 1328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1328

BIRTH NO.		1. NAME OF DECEASED (Type or Print) ELIZABETH H. LANDWEHR		2. DATE OF DEATH FEB. 14, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY BALTO.			
B. FULL NAME OF HOSPITAL OR INSTITUTION 512 W. FAYETTE ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 512 W. FAYETTE ST.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT. 30, 1866	9. AGE (In years last birthday) 83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY OWN HOME		11. BIRTHPLACE (State or foreign country) CANADA	
13. FATHER'S NAME PETER HOUSE		14. MOTHER'S MAIDEN NAME MARIA MARR			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS FERDINAND J. LANDWEHR	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		(A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2/13/50	
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arterio Sclerosis		(B) DUE TO		5yr	
18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/10 , 19 46 , to 2-14 , 19 50 , that I last saw the deceased alive on 2-14 , 19 50 , and that death occurred at 10:55 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph L. Landkarts		23B. ADDRESS 679 Washington Blvd		23C. DATE SIGNED 2/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-18-1950		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALTO.		24E. LOCATION (City, town, or county) MD.		25. FUNERAL DIRECTOR ADDRESS H.W. JENKINS & SONS Co. 4905 York Rd.	
DATE RECEIVED BY LOCAL REGISTRAR 9/1950		REGISTRAR'S SIGNATURE William Williams		VS 150 109500001320	

937

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

MARGIN RESERVED FOR BINDING

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDGAR

JOHN

BURKE

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

817 N. Patterson Park Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 14, 1946

9. AGE (In years
last birthday)

3

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Boston, Mass.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Edward Burke

14. MOTHER'S MAIDEN NAME

Ruth Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

Mrs. Ruth Burke

ADDRESS

Av

817 N. Patterson Pk

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Diabetic acidosis

DUE TO diabetes mellitus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Meadowridge

24D. LOCATION (City, town, or county)

Howard Co., Md.

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

Balto., Md.

1329

61

100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

4-223
50 1330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John A. Locust

2. DATE OF DEATH

Feb 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

md

B. FULL NAME OF HOSPITAL OR INSTITUTION

434 Fulton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-02

D. STREET ADDRESS (If rural, give location)

1434 Fulton Ave

C. Length of stay in Baltimore

about 2 yrs

5. SEX

male

6. COLOR OR RACE

CS

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 10, 1880

9. AGE (In years last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lunenburg Co Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Anthony Locust

14. MOTHER'S MAIDEN NAME

Betsy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

John R. Locust 1017 N. Duhamel St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Vascular disease 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 1, 1949* to *Feb 13, 1950* that I last saw the deceased alive on *Feb 12, 1950* and that death occurred at *4 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

William H. Watts

23B. ADDRESS

5156 Belknap St

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb 15/50

24C. NAME OF CEMETERY OR CREMATORY

Flemington

24D. LOCATION (City, town, or county)

Flemington Va

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Timothy William Watts

25. FUNERAL DIRECTOR

Mrs Robert A. Elliott & Daughter

ADDRESS

FEB 15 1950

F66VV 5000013930 1129 N. Caroline

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

:



G-654
50 1331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE 916.0 50 1331
Registered No.
N-968.0

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

E.

GORMLEY

2. DATE
OF
DEATH

February 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

107 N. Carey Street

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

- - 1888

9. AGE (In years
last birthday)

62

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

124-03-3074

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Asphyxiation

DUE TO

carbon monoxide poisoning

ANTECEDENT CAUSES

(B)

Acute alcoholism

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Carcinoma of larynx

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

107 N. Carey Street

18/2

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 7, 1950 4 A.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Mattress afire

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Ch. J. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER..... ☐
ASSISTANT MEDICAL EXAMINER..... ☒
MEDICAL INVESTIGATOR..... ☒

23C. DATE SIGNED

2-7-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 15 1950

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese Williams

25. FUNERAL DIRECTOR

Ellsworth Comacost

ADDRESS

5118

FEB 15 1950

VS 151

300 XV

178C

Guyn Oak

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased

101

2. Sex		3. Age		4. Date of birth	
5. Place of birth		6. Date of death		7. Time of death	
8. Cause of death		9. Place of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Date of registration	
14. Name of registrar		15. Name of informant		16. Date of registration	
17. Name of registrar		18. Name of informant		19. Date of registration	
20. Name of registrar		21. Name of informant		22. Date of registration	
23. Name of registrar		24. Name of informant		25. Date of registration	
26. Name of registrar		27. Name of informant		28. Date of registration	
29. Name of registrar		30. Name of informant		31. Date of registration	
32. Name of registrar		33. Name of informant		34. Date of registration	
35. Name of registrar		36. Name of informant		37. Date of registration	
38. Name of registrar		39. Name of informant		40. Date of registration	
41. Name of registrar		42. Name of informant		43. Date of registration	
44. Name of registrar		45. Name of informant		46. Date of registration	
47. Name of registrar		48. Name of informant		49. Date of registration	
50. Name of registrar		51. Name of informant		52. Date of registration	
53. Name of registrar		54. Name of informant		55. Date of registration	
56. Name of registrar		57. Name of informant		58. Date of registration	
59. Name of registrar		60. Name of informant		61. Date of registration	
62. Name of registrar		63. Name of informant		64. Date of registration	
65. Name of registrar		66. Name of informant		67. Date of registration	
68. Name of registrar		69. Name of informant		70. Date of registration	
71. Name of registrar		72. Name of informant		73. Date of registration	
74. Name of registrar		75. Name of informant		76. Date of registration	
77. Name of registrar		78. Name of informant		79. Date of registration	
80. Name of registrar		81. Name of informant		82. Date of registration	
83. Name of registrar		84. Name of informant		85. Date of registration	
86. Name of registrar		87. Name of informant		88. Date of registration	
89. Name of registrar		90. Name of informant		91. Date of registration	
92. Name of registrar		93. Name of informant		94. Date of registration	
95. Name of registrar		96. Name of informant		97. Date of registration	
98. Name of registrar		99. Name of informant		100. Date of registration	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles G Price

2. DATE
OF
DEATH

2/13/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Pine Crest Sanatorium

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 27-06

D. STREET ADDRESS (If rural, give location)

2900 White Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

Male

White

MARRIED

JAN 25 1877

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Retired Conductor

RAILROAD

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Price

14. MOTHER'S MAIDEN NAME

Irene Reynolds

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Jeanette Price

2900 White Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Arteriosclerosis
Cerebral

?

ANTÉCEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized
Arteriosclerosis

!

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from JAN 9, 1950, to Feb 13, 1950, that I last saw the
deceased alive on Feb 12, 1950, and that death occurred at 4:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Melvin N. Borden

M. D.

23B. ADDRESS

2030 W. Fayette St

23C. DATE SIGNED

2/13/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-16-50

Cedar Hill

Annapolis Blvd

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Melvin N. Borden, M.D.

John F. Donny Inc

717 LIGHT ST.

102 47

1332

97

G-635
50 1333BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1333
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SALVATORE

JOSEPH

GIARDINA N-879

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3534 Park Heights Avenue

c. Length of stay in Baltimore

53

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 6-1884

9. AGE (In years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

STORE OWNER

10B. KIND OF BUSINESS OR
INDUSTRY

RESTAURANT

11. BIRTHPLACE (State or foreign country)

ITALY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JOSEPH GIARDINA

14. MOTHER'S MAIDEN NAME

CONCETTA GRECO

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

YES

(If yes, give war or dates of service)

NATL - GUARD

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

CHARLES V. BROCATO

ADDRESS

18.

CAUSE OF DEATH 4102 ETHLAND AVE

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Multiple gunshot wounds of chest
and head

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Involutional melancholia (mental de-
pression)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3554 Park Heights Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
2-13-50

6:30 A.M.

21E. INJURY OCCURRED
WHILE AT ☐ WORK
NOT WHILE ☒ AT WORK

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

R.S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐

M.D.

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Feb 16-1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balt Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Kington Williams, M.D.

25. FUNERAL DIRECTOR

Eersworth-Bumaco

ADDRESS

5118 Lingens Oak Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

FEB 15 1950
15671

501642

10-1-1941

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

10-1-1941

RECEIVED

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

CHARLES V. ...

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AP 1344 56 50 1334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH 002

50 1334
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Edward Garner

2. DATE
OF
DEATH

2-14-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1133 Hollins St.

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 4-1904

9. AGE (In years last birthday)

45

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Schaffner

10B. KIND OF BUSINESS OR INDUSTRY

Bell Isle Cab Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Granford Garner

14. MOTHER'S MAIDEN NAME

Jessie Marie Burke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records- 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-24, 1949 to 2-14, 1950, that I last saw the deceased alive on 2-14, 1950, and that death occurred at 5:23 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. S. [Signature]

M. D.

23B. ADDRESS

Baltimore City Hospitals

23C. DATE SIGNED

2-14-1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William [Signature]

25. FUNERAL DIRECTOR

John J. Lawton & Son

ADDRESS

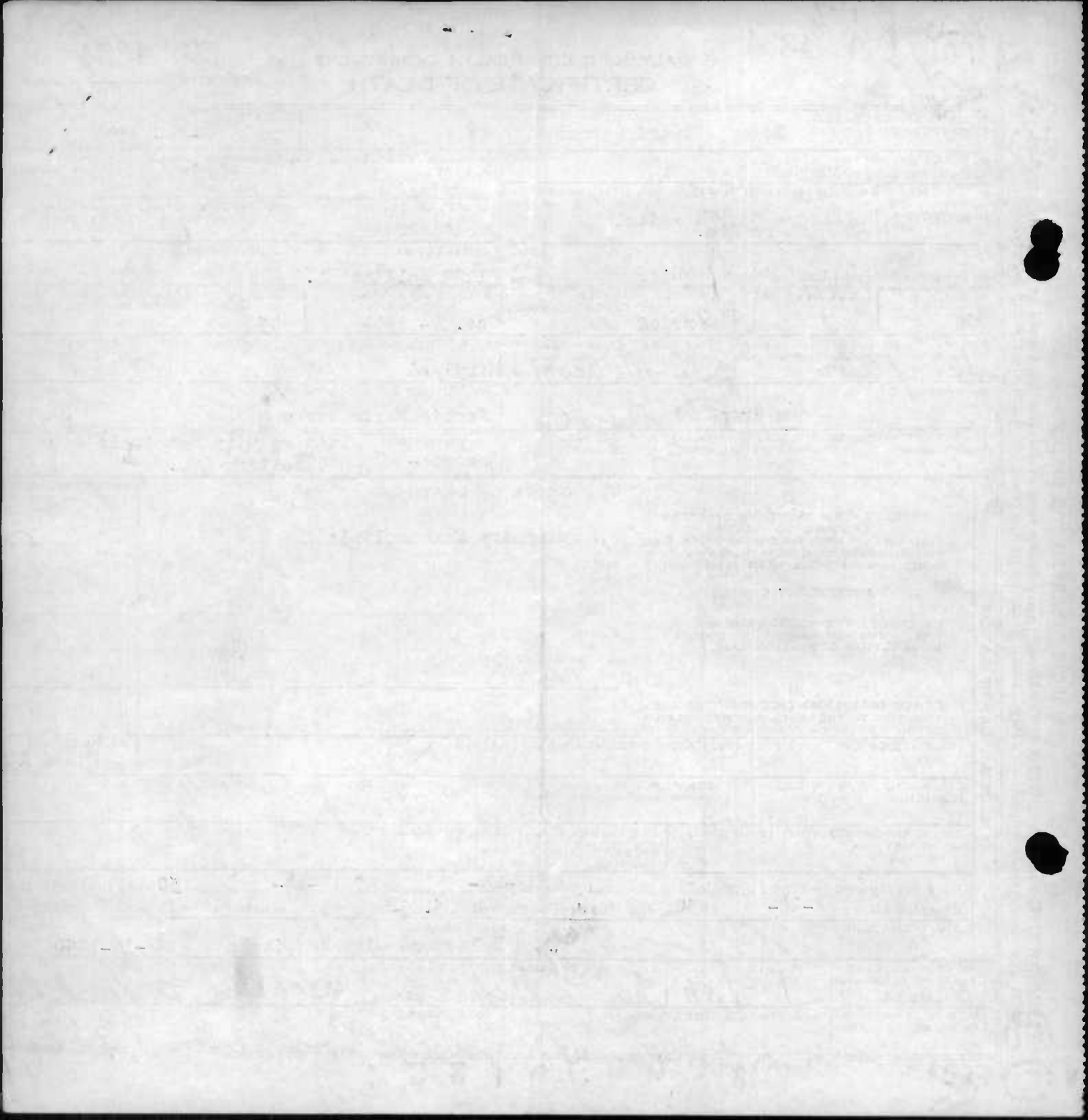
29 Hollins St.

FEB 15 1950

4205V

1334

13B



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

M-224

50 1335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

007

50 1335

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernadine Mackell.

2. DATE OF DEATH

Feb. 13, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1010 Shellbank Rd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 2532

D. STREET ADDRESS (If rural, give location)

1010 Shellbank Road.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 5, 1934

9. AGE (In years last birthday)

16

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Mackell

14. MOTHER'S MAIDEN NAME

Al ease Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Al ease Dorsey, 1010 Shellbank Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Tuber pneumonia

DUE TO

3 wks.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Tuberculous pneumonia

DUE TO

over

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from October 1949 to May 1950, that I last saw the deceased alive on Feb. 12, 1950, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

22A. SIGNATURE

Benjamin B. Benjamin

22B. ADDRESS

834 Sharp St.

22C. DATE SIGNED

2-14-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 16, 1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus, Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N Schroeder St

Letter in document file 50-1335. 3/1/50.

W-630
50 1336

50 1336

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 260

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Frances Ward

2. DATE
OF
DEATH

Feb. 14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto, Md

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

418 E. Randall St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

24-04

c. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

418 E. Randall St.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb. 6-1873

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.

13. FATHER'S NAME

John Conrad Schabland

14. MOTHER'S MAIDEN NAME

Hannah Donovan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Brother John Schabland.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Diabetic Insulin

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Aug, 1949 to 2-13, 1950, that I last saw the
deceased alive on 2-13, 1950, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Denis J. Mc Grath, M. D.

23B. ADDRESS

1 E. RANDALL ST.

23C. DATE SIGNED

2-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17-50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Frederick Ave.

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

William Williams, M.D.

Chas F. Dill

1501 E. Fort Ave

B-520 50 1337

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 023

Registered No.

50 1337

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BANKS, CHARLES W.

2. DATE
OF
DEATH

2/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Turners Station

D. STREET ADDRESS (If rural, give location)

213 Center STREET

c. Length of stay in Baltimore

35 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10/11/03

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER-TRACKMAN

10B. KIND OF BUSINESS OR INDUSTRY

PENNA. R.R.

11. BIRTHPLACE (State or foreign country)

CAMBRIDGE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

JOSIA BANKS

14. MOTHER'S MAIDEN NAME

MARY L. CHESTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

717-09-8346

17. INFORMANT

ADDRESS

MRS MARY BANKS-213 CENTER STREET

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1/24, 1950 to 2/15, 1950 that I last saw the deceased alive on 2/14, 1950, and that death occurred at 4A m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes III

M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/19/50

24C. NAME OF CEMETERY OR CREMATORY

MOUNT CALVARY

24D. LOCATION (City, town, or county) (State)

A.A. COUNTY, MARYLAND

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

THE CHARLES R. LAW MORTUARY

ADDRESS

3802-04 MADISON AVENUE

BALTIMORE 1, MD.

VS 150

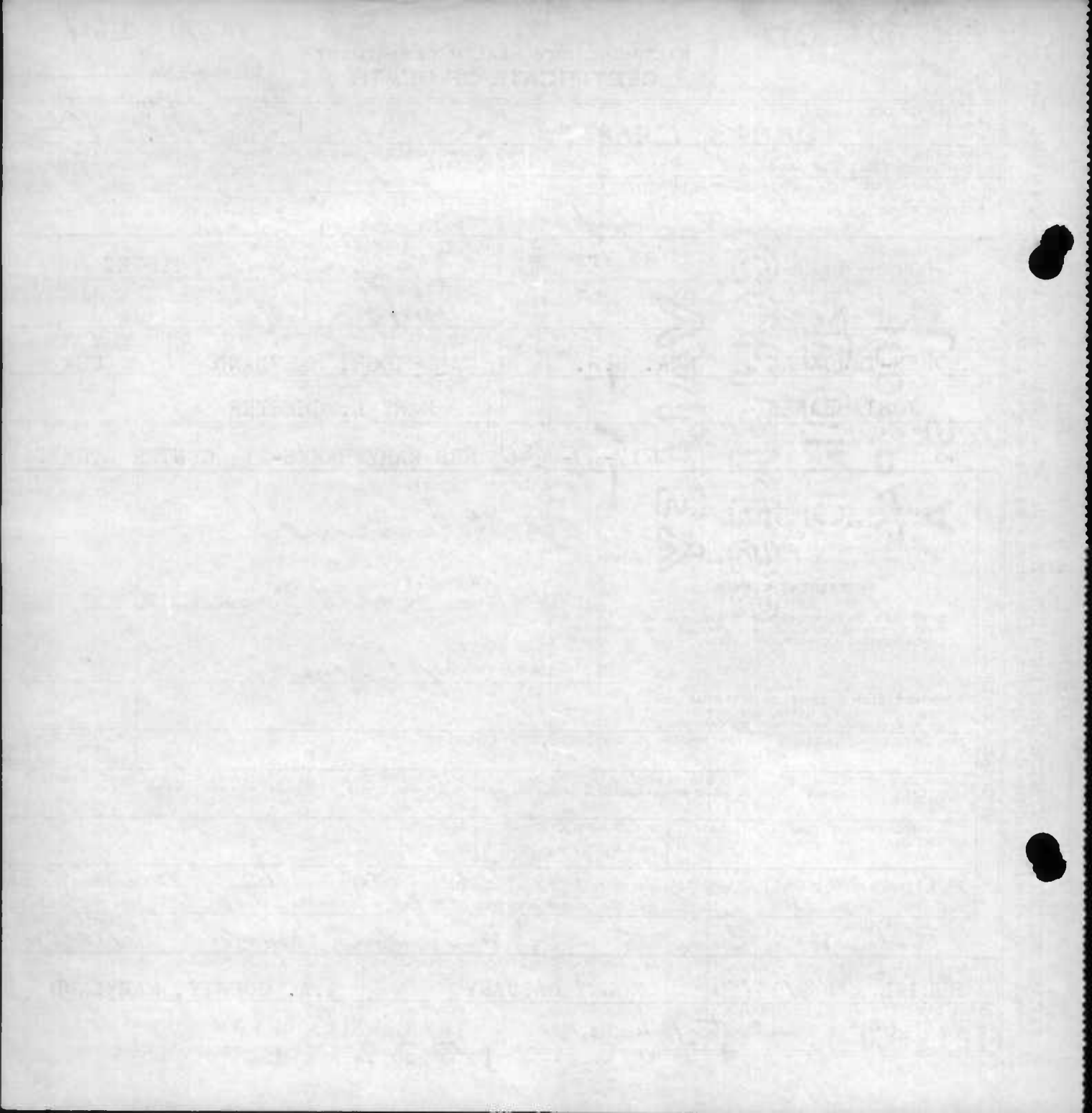
98847

30E

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



W-520
50 1338BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1338
Registered No.

BIRTH NO. 50-03009

1. NAME OF DECEASED
(Type or Print)

(BABY WEEMS) CHARLES RONALD WEEMS

2. DATE
OF
DEATH

February 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1107 Etting Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1107 Etting Street

c. Length of stay in Baltimore

2 Days

5. SEX

Male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Feb 12, 1950

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
2

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

RICHARD WEEMS

14. MOTHER'S MAIDEN NAME

ELLA WITHERSPOON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Richard Weems-1107 Etting St.-1

18.

7620

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO aspiration of meconium during birth

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

W. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

MOUNT AUBURN CEMETERY BALTIMORE, MARYLAND

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

W. J. Mc Clafferty

25. FUNERAL DIRECTOR

THE CHARLES R. LAW MORTUARY

ADDRESS

3 8204 MADISON AVENUE

BALTIMORE 1, MD. 107

47131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be readily supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

50 1339

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

56.1 50 1339

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Lee Poehlmann

2. DATE OF DEATH

Feb 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

3616 Frederick Ave-29

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-08

D. STREET ADDRESS (If rural, give location)

3616 Frederick Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 28, 1879

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William H. Isaac

14. MOTHER'S MAIDEN NAME

Anjenetta Grimes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.
212-20-9812

17. INFORMANT

ADDRESS

Mr. Ralph L. Poehlmann 3616 Frederick Av

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DOE TO

Adenocarcinoma of Liver 18 ms.

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DOE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

Feb 10, 1949

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Liver

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1947 to Feb 14, 1950, that I last saw the deceased alive on Feb 14, 1950, and that death occurred at 12²¹ Pm., from the causes and on the date stated above.

23A. SIGNATURE

Clarence H. Norwood M.D.

23B. ADDRESS

Church Home & Hospital

23C. DATE SIGNED

Feb 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams M.D.

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

FEB 15 1950

1 5 0 0 1 3 3 2

46F

STATE OF NEW YORK
DEPARTMENT OF CORRECTIONS

IN SENATE
January 15, 1914

REPORT OF THE
COMMISSIONER OF THE DEPARTMENT OF CORRECTIONS

1913	1912	1911	1910	1909	1908	1907	1906	1905	1904	1903	1902	1901	1900	1899	1898	1897	1896	1895	1894	1893	1892	1891	1890	1889	1888	1887	1886	1885	1884	1883	1882	1881	1880	1879	1878	1877	1876	1875	1874	1873	1872	1871	1870	1869	1868	1867	1866	1865	1864	1863	1862	1861	1860	1859	1858	1857	1856	1855	1854	1853	1852	1851	1850	1849	1848	1847	1846	1845	1844	1843	1842	1841	1840	1839	1838	1837	1836	1835	1834	1833	1832	1831	1830	1829	1828	1827	1826	1825	1824	1823	1822	1821	1820	1819	1818	1817	1816	1815	1814	1813	1812	1811	1810	1809	1808	1807	1806	1805	1804	1803	1802	1801	1800	1799	1798	1797	1796	1795	1794	1793	1792	1791	1790	1789	1788	1787	1786	1785	1784	1783	1782	1781	1780	1779	1778	1777	1776	1775	1774	1773	1772	1771	1770	1769	1768	1767	1766	1765	1764	1763	1762	1761	1760	1759	1758	1757	1756	1755	1754	1753	1752	1751	1750	1749	1748	1747	1746	1745	1744	1743	1742	1741	1740	1739	1738	1737	1736	1735	1734	1733	1732	1731	1730	1729	1728	1727	1726	1725	1724	1723	1722	1721	1720	1719	1718	1717	1716	1715	1714	1713	1712	1711	1710	1709	1708	1707	1706	1705	1704	1703	1702	1701	1700	1699	1698	1697	1696	1695	1694	1693	1692	1691	1690	1689	1688	1687	1686	1685	1684	1683	1682	1681	1680	1679	1678	1677	1676	1675	1674	1673	1672	1671	1670	1669	1668	1667	1666	1665	1664	1663	1662	1661	1660	1659	1658	1657	1656	1655	1654	1653	1652	1651	1650	1649	1648	1647	1646	1645	1644	1643	1642	1641	1640	1639	1638	1637	1636	1635	1634	1633	1632	1631	1630	1629	1628	1627	1626	1625	1624	1623	1622	1621	1620	1619	1618	1617	1616	1615	1614	1613	1612	1611	1610	1609	1608	1607	1606	1605	1604	1603	1602	1601	1600	1599	1598	1597	1596	1595	1594	1593	1592	1591	1590	1589	1588	1587	1586	1585	1584	1583	1582	1581	1580	1579	1578	1577	1576	1575	1574	1573	1572	1571	1570	1569	1568	1567	1566	1565	1564	1563	1562	1561	1560	1559	1558	1557	1556	1555	1554	1553	1552	1551	1550	1549	1548	1547	1546	1545	1544	1543	1542	1541	1540	1539	1538	1537	1536	1535	1534	1533	1532	1531	1530	1529	1528	1527	1526	1525	1524	1523	1522	1521	1520	1519	1518	1517	1516	1515	1514	1513	1512	1511	1510	1509	1508	1507	1506	1505	1504	1503	1502	1501	1500	1499	1498	1497	1496	1495	1494	1493	1492	1491	1490	1489	1488	1487	1486	1485	1484	1483	1482	1481	1480	1479	1478	1477	1476	1475	1474	1473	1472	1471	1470	1469	1468	1467	1466	1465	1464	1463	1462	1461	1460	1459	1458	1457	1456	1455	1454	1453	1452	1451	1450	1449	1448	1447	1446	1445	1444	1443	1442	1441	1440	1439	1438	1437	1436	1435	1434	1433	1432	1431	1430	1429	1428	1427	1426	1425	1424	1423	1422	1421	1420	1419	1418	1417	1416	1415	1414	1413	1412	1411	1410	1409	1408	1407	1406	1405	1404	1403	1402	1401	1400	1399	1398	1397	1396	1395	1394	1393	1392	1391	1390	1389	1388	1387	1386	1385	1384	1383	1382	1381	1380	1379	1378	1377	1376	1375	1374	1373	1372	1371	1370	1369	1368	1367	1366	1365	1364	1363	1362	1361	1360	1359	1358	1357	1356	1355	1354	1353	1352	1351	1350	1349	1348	1347	1346	1345	1344	1343	1342	1341	1340	1339	1338	1337	1336	1335	1334	1333	1332	1331	1330	1329	1328	1327	1326	1325	1324	1323	1322	1321	1320	1319	1318	1317	1316	1315	1314	1313	1312	1311	1310	1309	1308	1307	1306	1305	1304	1303	1302	1301	1300	1299	1298	1297	1296	1295	1294	1293	1292	1291	1290	1289	1288	1287	1286	1285	1284	1283	1282	1281	1280	1279	1278	1277	1276	1275	1274	1273	1272	1271	1270	1269	1268	1267	1266	1265	1264	1263	1262	1261	1260	1259	1258	1257	1256	1255	1254	1253	1252	1251	1250	1249	1248	1247	1246	1245	1244	1243	1242	1241	1240	1239	1238	1237	1236	1235	1234	1233	1232	1231	1230	1229	1228	1227	1226	1225	1224	1223	1222	1221	1220	1219	1218	1217	1216	1215	1214	1213	1212	1211	1210	1209	1208	1207	1206	1205	1204	1203	1202	1201	1200	1199	1198	1197	1196	1195	1194	1193	1192	1191	1190	1189	1188	1187	1186	1185	1184	1183	1182	1181	1180	1179	1178	1177	1176	1175	1174	1173	1172	1171	1170	1169	1168	1167	1166	1165	1164	1163	1162	1161	1160	1159	1158	1157	1156	1155	1154	1153	1152	1151	1150	1149	1148	1147	1146	1145	1144	1143	1142	1141	1140	1139	1138	1137	1136	1135	1134	1133	1132	1131	1130	1129	1128	1127	1126	1125	1124	1123	1122	1121	1120	1119	1118	1117	1116	1115	1114	1113	1112	1111	1110	1109	1108	1107	1106	1105	1104	1103	1102	1101	1100	1099	1098	1097	1096	1095	1094	1093	1092	1091	1090	1089	1088	1087	1086	1085	1084	1083	1082	1081	1080	1079	1078	1077	1076	1075	1074	1073	1072	1071	1070	1069	1068	1067	1066	1065	1064	1063	1062	1061	1060	1059	1058	1057	1056	1055	1054	1053	1052	1051	1050	1049	1048	1047	1046	1045	1044	1043	1042	1041	1040	1039	1038	1037	1036	1035	1034	1033	1032	1031	1030	1029	1028	1027	1026	1025	1024	1023	1022	1021	1020	1019	1018	1017	1016	1015	1014	1013	1012	1011	1010	1009	1008	1007	1006	1005	1004	1003	1002	1001	1000	999	998	997	996	995	994	993	992	991	990	989	988	987	986	985	984	983	982	981	980	979	978	977	976	975	974	973	972	971	970	969	968	967	966	965	964	963	962	961	960	959	958	957	956	955	954	953	952	951	950	949	948	947	946	945	944	943	942	941	940	939	938	937	936	935	934	933	932	931	930	929	928	927	926	925	924	923	922	921	920	919	918	917	916	915	914	913	912	911	910	909	908	907	906	905	904	903	902	901	900	899	898	897	896	895	894	893	892	891	890	889	888	887	886	885	884	883	882	881	880	879	878	877	876	875	874	873	872	871	870	869	868	867	866	865	864	863	862	861	860	859	858	857	856	855	854	853	852	851	850	849	848	847	846	845	844	843	842	841	840	839	838	837	836	835	834	833	832	831	830	829	828	827	826	825	824	823	822	821	820	819	818	817	816	815	814	813	812	811	810	809	808	807	806	805	804	803	802	801	800	799	798	797	796	795	794	793	792	791	790	789	788	787	786	785	784	783	782	781	780	779	778	777	776	775	774	773	772	771	770	769	768	767	766	765	764	763	762	761	760	759	758	757	756	755	754	753	752	751	750	749	748	747	746	745	744	743	742	741	740	739	738	737	736	735	734	733	732	731	730	729	728	727	726	725	724	723	722	721	720	719	718	717	716	715	714	713	712	711	710	709	708	707	706	705	704	703	702	701	700	699	698	697	696	695	694	693	692	691	690	689	688	687	686	685	684	683	682	681	680	679	678	677	676	675	674	673	672	671	670	669	668	667	666	665	664	663	662	661	660	659	658	657	656	655	654	653	652	651	650	649	648	647	646	645	644	643	642	641	640	639	638	637	636	635	634	633	632	631	630	629	628	627	626	625	624	623	622	621	620	619	618	617	616	615	614	613	612	611	610	609	608	607	606	605	604	603	602	601	600	599	598	597	596	595	594	593	592	591	590	589	588	587	586	585	584	583	582	581	580	579	578	577	576	575	574	573	572	571	570	569	568	567	566	565	564	563	562	561	560	559	558	557	556	555	554	553	552	551	550	549	548	547	546	545	544	543	542	541	540	539	538	537	536	535	534	533	532	531	530	529	528	527	526	525	524	523	522	521	520	519	518	517	516	515	514	513	512	511	510	509	508	507	506	505	504	503	502	5
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	---

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WALTER Stewart Rice

2. DATE
OF
DEATH

2. 14. 50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Church Home + Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore.

13-02

c. Length of stay in Baltimore

82 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2002

Mt. Royal Terrace

5. SEX

Male.

6. COLOR OR RACE

White.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married.

8. DATE OF BIRTH

Jan. 14, 1867

9. AGE (In years
last birthday)

83

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman - Rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance

11. BIRTHPLACE (State or foreign country)

New York.

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

John T. Rice.

14. MOTHER'S M maiden NAME

Eliza Needham.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or date of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Miss B. Lillian Rice

ADDRESS Terr.

2002 Mt. Royal

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Heart failure.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Pulmonary edema.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Carcinoma prostatic with
metastases, fracture femur.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2. 13. 50, 19, to 2. 14. 19 50 that I last saw the
deceased alive on 2. 14, 19 50, and that death occurred at 1.30 pm, from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Rice

23B. ADDRESS

Church Home + Hospital

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 15 1950

Wm. J. Tickner & Sons

WM. J. TICKNER & SONS

Balto., Md.

VS 150

27480

1340

513

S-263

50 1341

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1341

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH WEHE SWIKERT

2. DATE
OF
DEATH

Feb. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2321 Harlem Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

2321 Harlem Ave.

c. Length of stay in Baltimore

Life--

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
divorced

8. DATE OF BIRTH

April 16, 1872

9. AGE (In years
last birthday)

77

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Railroad

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Swikert

14. MOTHER'S MAIDEN NAME

Olga Jung

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Miss Marie E. Schanze 2321 Harlem Ave.

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Coronary Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

4 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis

4 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1948, to Feb 14, 1950, that I last saw the
deceased alive on Feb 14, 1950, and that death occurred at 7:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Mendelsohn

M. D.

23B. ADDRESS

651 N. Bentalon

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

VS 150

266 47

1 5 0 0 0 1 3 4 1

94a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	

13. Signature of coroner

14. Signature of jury

15. Signature of jury

16. Signature of jury

17. Signature of jury

18. Signature of jury

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1342BIRTH NO. 6161. NAME OF DECEASED
(Type or Print)

MARY C. HERBERT

2. DATE
OF
DEATH

Feb. 14, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1204 N. Chester St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1204 N. Chester St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Nov. 18, 1876

9. AGE (In years
last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

David Farlow

14. MOTHER'S MAIDEN NAME

Mary M. Milburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr George Herbert, 1212 Brentwood Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

18 hours

DUE TO

Hypertension

Many
years

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

General & cerebral
arteriosclerosisMany
years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 10 Jan., 1950, to 14 Feb., 1950, that I last saw the
deceased alive on 14 Feb., 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Vice

M. D.

23B. ADDRESS

920 St. Paul St.

23C. DATE SIGNED

15 Feb. '50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1950

William Cook, Inc., 1217 St. Paul St.

STATE OF OHIO

IN SENATE,

January 1, 1891.

REPORT

OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR

1890.

RECEIVED

OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR

1890.

RECEIVED

OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR

1890.

RECEIVED

OF THE

COMMISSIONER OF THE LAND OFFICE

FOR THE YEAR

1891

MARGIN RESERVED FOR BINDING

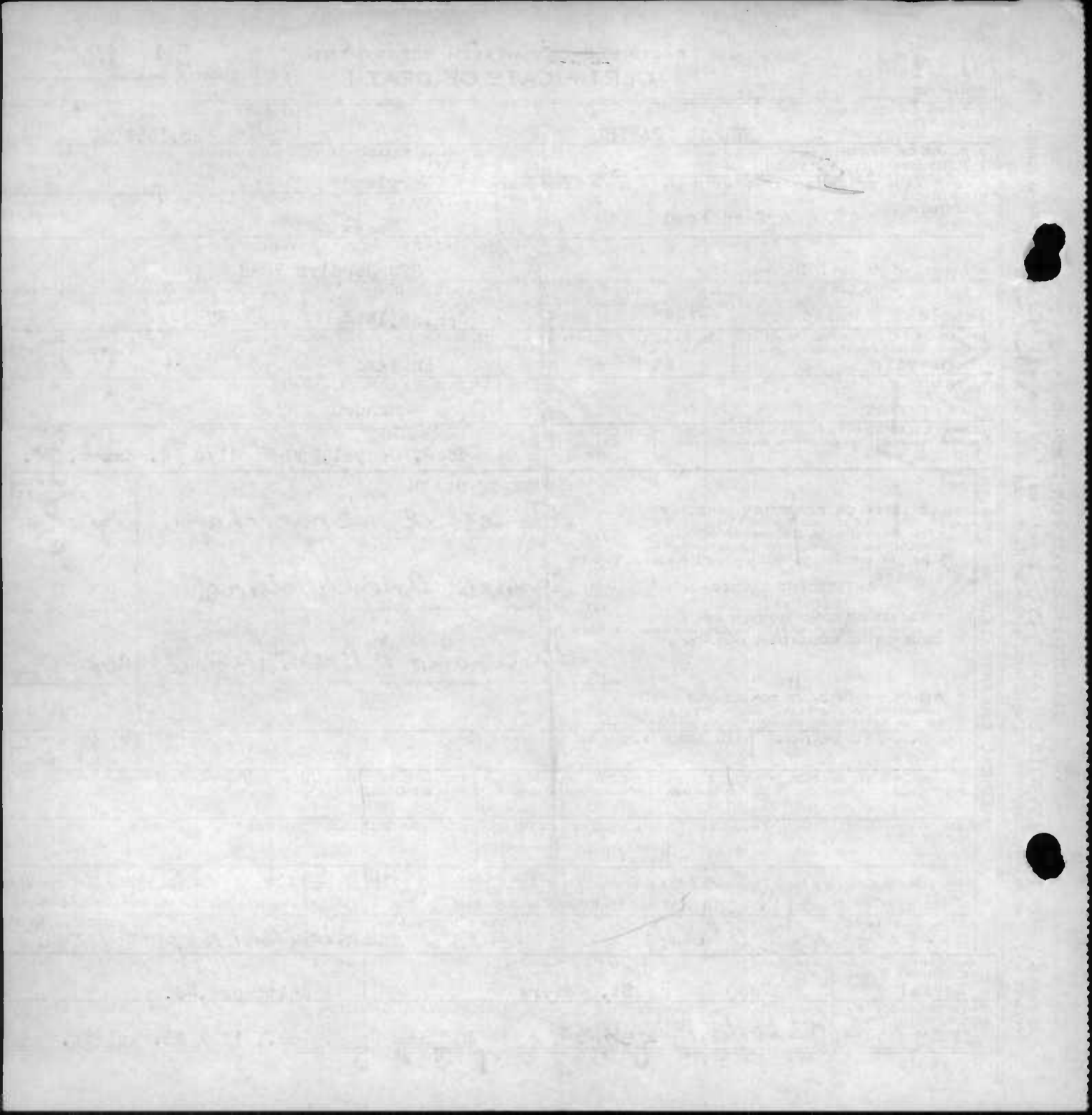
PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-234
50 1343

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1343

BIRTH NO.		1. NAME OF DECEASED (Type or Print) NELLIE CASTEL		2. DATE OF DEATH Feb. 15, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex	
B. FULL NAME OF HOSPITAL OR INSTITUTION 4700 Harford Road		D. STREET ADDRESS (If rural, give location) 920 Woodlyn Road		E. Yrs. Mos. Days	
c. Length of stay in Baltimore		5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow		B. DATE OF BIRTH Jan. 28, 1883		9. AGE (In years last birthday) 67 If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) England	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT ADDRESS Leo J. Castel, 920 Woodlyn Rd. Essex, Md.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage		CAUSE OF DEATH (A) Cerebral Arterio-Sclerosis (B) Carcinoma of Breast (removed) (C)		INTERVAL BETWEEN ONSET AND DEATH 1 day about 5 years	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Early 19 49 to 2/14 , 19 50 , that I last saw the deceased alive on 2/14 19 50 , and that death occurred at 2:15 m., from the causes and on the date stated above.					
23A. SIGNATURE John C. Bluck		23B. ADDRESS 5356 Reisterstown Rd		23C. DATE SIGNED 2/15/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/17/50		24C. NAME OF CEMETERY OR CREMATORY St. Peters	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.		25. FUNERAL DIRECTOR William Cook, Inc., 1217 St. Paul St.	



B-620

CERTIFICATE CORRECTED 1-16-50

50 1344

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

175 50 1344
 Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Miss Agnes Brooks</i>			2. DATE OF DEATH <i>2-15-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>9-02</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>38</i> <i>Med. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			D. STREET ADDRESS (If rural, give location) <i>1645 RALWORTH ROAD</i> <i>(27 N. E. ...)</i>		
c. Length of stay in Baltimore Yrs. <i>1</i> Mos. <i>1</i> Days <i>1</i>			5. SEX <i>F.</i>			6. COLOR OR RACE <i>W.</i>		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>widowed</i>			8. DATE OF BIRTH <i>March 22, 1869</i>			9. AGE (in years last birthday) <i>80</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			13. FATHER'S NAME <i>Joseph L Brooks</i>			14. MOTHER'S MAIDEN NAME <i>Agnes Webb</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>None</i>			17. INFORMANT ADDRESS <i>Wm D Brooks, 1645 Ralworth Rd</i>		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Carcinoma of Rt Ovary</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) <i>Generalized carcinoma</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) <i>Gastric Hemorrhage</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

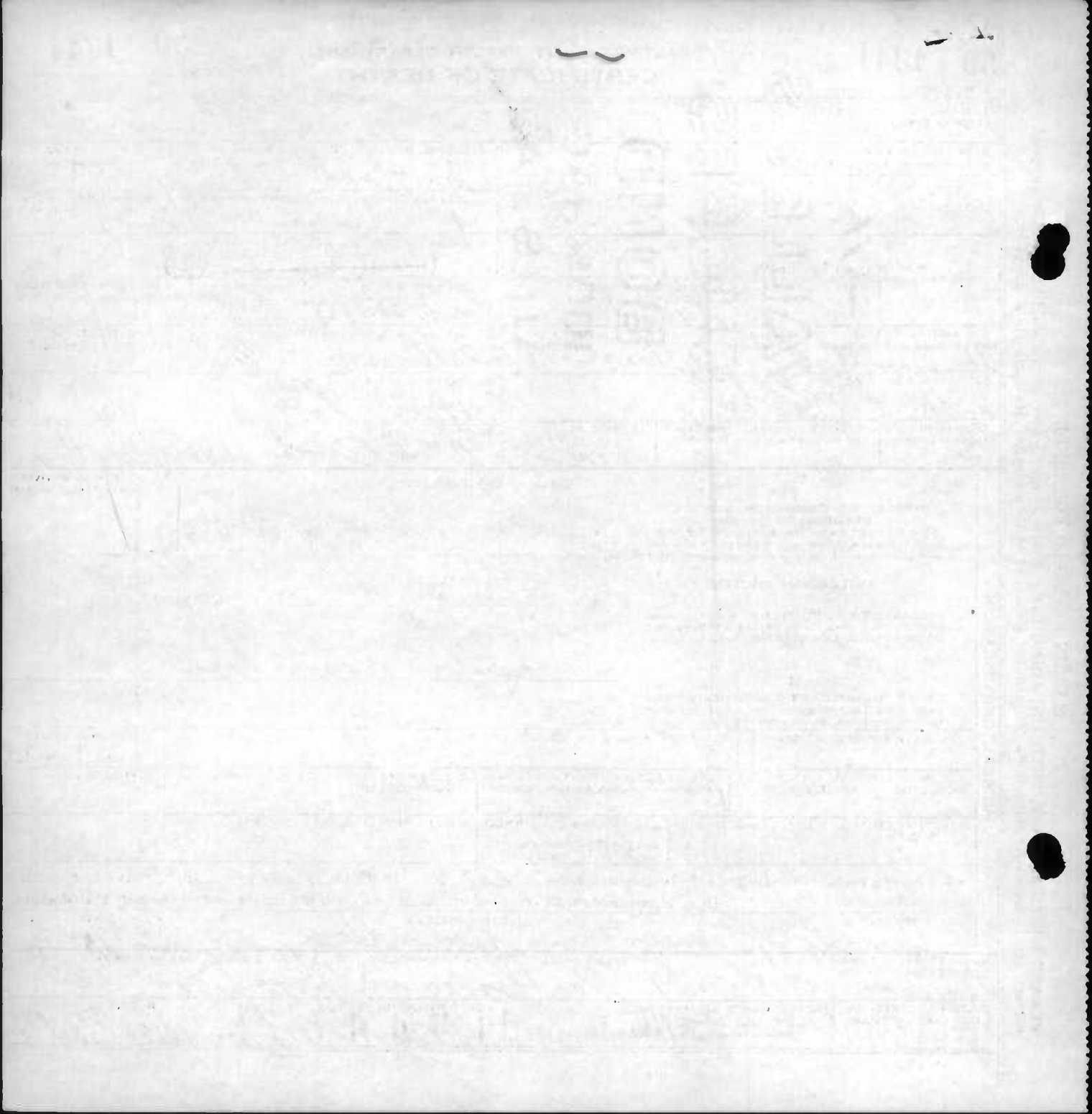
22. I hereby certify that I attended the deceased from *Feb 15*, 19*50*, to *Feb 15*, 19*50*, that I last saw the deceased alive on *Feb 15*, 19*50* and that death occurred at *6 A* m., from the causes and on the date stated above.

23A. SIGNATURE <i>Joseph L Brooks</i>		23B. ADDRESS <i>Wm D Brooks</i>		23C. DATE SIGNED <i>2-15-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>2/18/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1950</i>		REGISTRAR'S SIGNATURE <i>Wm D Brooks</i>		25. FUNERAL DIRECTOR ADDRESS <i>1217 N Paul St</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1345BIRTH NO. 50 13451. NAME OF DECEASED
(Type or Print)MRS. MARY D. DUNOTT2. DATE
OF
DEATHMarch 11 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Church Home & HospitalB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONChurch Home & Hospital
Broadway & Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

219 - E. Biddle St.

c. Length of stay in Baltimore

LIFE (yrs)

5. SEX

Female

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)Widow

8. DATE OF BIRTH

Dec 29, 18739. AGE (In years
last birthday)7610 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)Home Duties10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland12. CITIZEN OF
WHAT COUNTRY?U.S.A.

13. FATHER'S NAME

HOUGH, Robert

14. MOTHER'S MAIDEN NAME

TILGHMAN Fannie15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)No. No.16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Record

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Head
of Pancreas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

1/11/50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Head Pancreas

20. AUTOPSY?

☒ YES ☐ NO21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/6, 1950 to 2/15, 1950 that I last saw the
deceased alive on 2/15, 1950, and that death occurred at 2/15 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert E. Evans

23B. ADDRESS

Church Home & Hosp.

23C. DATE SIGNED

2/15/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial Feb 17/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville MdDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurington Williams

25. FUNERAL DIRECTOR

ADDRESS

Henry H. Jenkins 65490 York Rd

STATE OF NEW YORK
DEPARTMENT OF HEALTH

NEW YORK, MAY 1, 1910

TO THE COMMISSIONER OF HEALTH

FROM THE BOARD OF HEALTH

RESOLUTION

Resolved, That the

Board of Health do hereby

recommend to the

Legislature the

enactment of the

following

bill

to amend the

Sanitary Code

in relation to

the

regulation of

the

business of

the

State of New York

and to amend the

Sanitary Code

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1346
Registered No.

BIRTH NO. 1346

1. NAME OF DECEASED (Type or Print) WILLIAM M. KAVANAUGH			2. DATE OF DEATH Feb. 13, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2219 W. Lexington St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-02		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2219 W. Lexington St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 25, 1875		9. AGE (In years last birthday) 74 yrs. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yardmaster		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin Kavanaugh			14. MOTHER'S MAIDEN NAME Margaret Flaharty		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Ella M. Kavanaugh 2219 W. Lexington		

18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) H. A. C. V. disease DUE TO				7413
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO				
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan , 19 47 to Feb , 19 50 , that I last saw the deceased alive on Feb 10 , 19 50 , and that death occurred at 7:20 P.M. , from the causes and on the date stated above.				
23A. SIGNATURE D. J. Sullivan		23B. ADDRESS 1945 W. Balto St		23C. DATE SIGNED 2/14/50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/16/50	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1950	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.		

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

1901

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be correctly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1347

BIRTH NO. 50 1347 50-03116

1. NAME OF DECEASED (Type or Print) <u>LEROY WILLIAM HEATH</u>			2. DATE OF DEATH <u>2-15-50</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>MD</u> B. COUNTY <u>24-03</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>41 ST. JOSEPH'S</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTIMORE</u>		
c. Length of stay in Baltimore Yrs. <u>1</u> Mos. <u>0</u> Days <u>0</u>			D. STREET ADDRESS (If rural, give location) <u>1110 HALL ALLEY</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JANUARY 13, 50</u>		9. AGE (in year, last birthday) If Under 1 Year: Months <u>1</u> Days <u>2</u> If Under 24 Hours: Hours <u>0</u> Min. <u>0</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BALTIMORE, MD.</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>GILBERT R. HEATH</u>			14. MOTHER'S MAIDEN NAME <u>MARGARET KRELL</u> ✓		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>GILBERT R. HEATH 1110 HALL ALLEY</u>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>1</u> <u>BRONCHIAL PNEUMONIA</u> (A) _____ DUE TO _____ INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>			CERTIFICATION APPROVED BY <u>Wm. G. Helfrich, M.D.</u> <u>W. G. Helfrich</u> M.D. CHIEF OR ASST. MEDICAL EXAMINER.		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____			OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/13/50</u> , to <u>2/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/15</u> , 19 <u>50</u> , and that death occurred at <u>2 PM</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>L. B. Heath</u>		23B. ADDRESS <u>2829 Williams St.</u> M. D.		23C. DATE SIGNED <u>2/15/50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>2/16/50</u>		24C. NAME OF CEMETERY OR CREMATORY <u>CEDAR HILL</u>	
24D. LOCATION (City, town, or county) (State) <u>PITCHEE HIGHWAY</u>		25. FUNERAL DIRECTOR ADDRESS <u>JOHN F. DENNY, INC 715 LIGHT ST-30</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 16 1950</u>		REGISTRAR'S SIGNATURE <u>Wm. G. Helfrich</u>		25. FUNERAL DIRECTOR ADDRESS <u>JOHN F. DENNY, INC 715 LIGHT ST-30</u>	

Dr. McNettle

8:9 PM

1279 William St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1348

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frank J. Plichta

2. DATE
OF
DEATH

Feb. 15-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

20 S. Washington St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

2-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

20 S. Washington St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

July 13-1882

9. AGE (In years; last birthday)

67

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Coca Cola Co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Plichta

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO. 216-03-1006

17. INFORMANT ADDRESS Josephine Plichta 20 S. Washington St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremic Retention

3 days

ANTECEDENT CAUSES

(B)

Bright's Dis.

3 yrs

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

Arteriosclerotic heart dis.

"

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1946, to Feb. 14, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 5:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles B. Mac Minn

23B. ADDRESS

2900 E. Balto. St. Balto. - 24

23C. DATE SIGNED

Feb. 15, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-18-50

24C. NAME OF CEMETERY OR CREMATORY

St Stanislaus

24D. LOCATION (City, town, or county)

Balto. City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

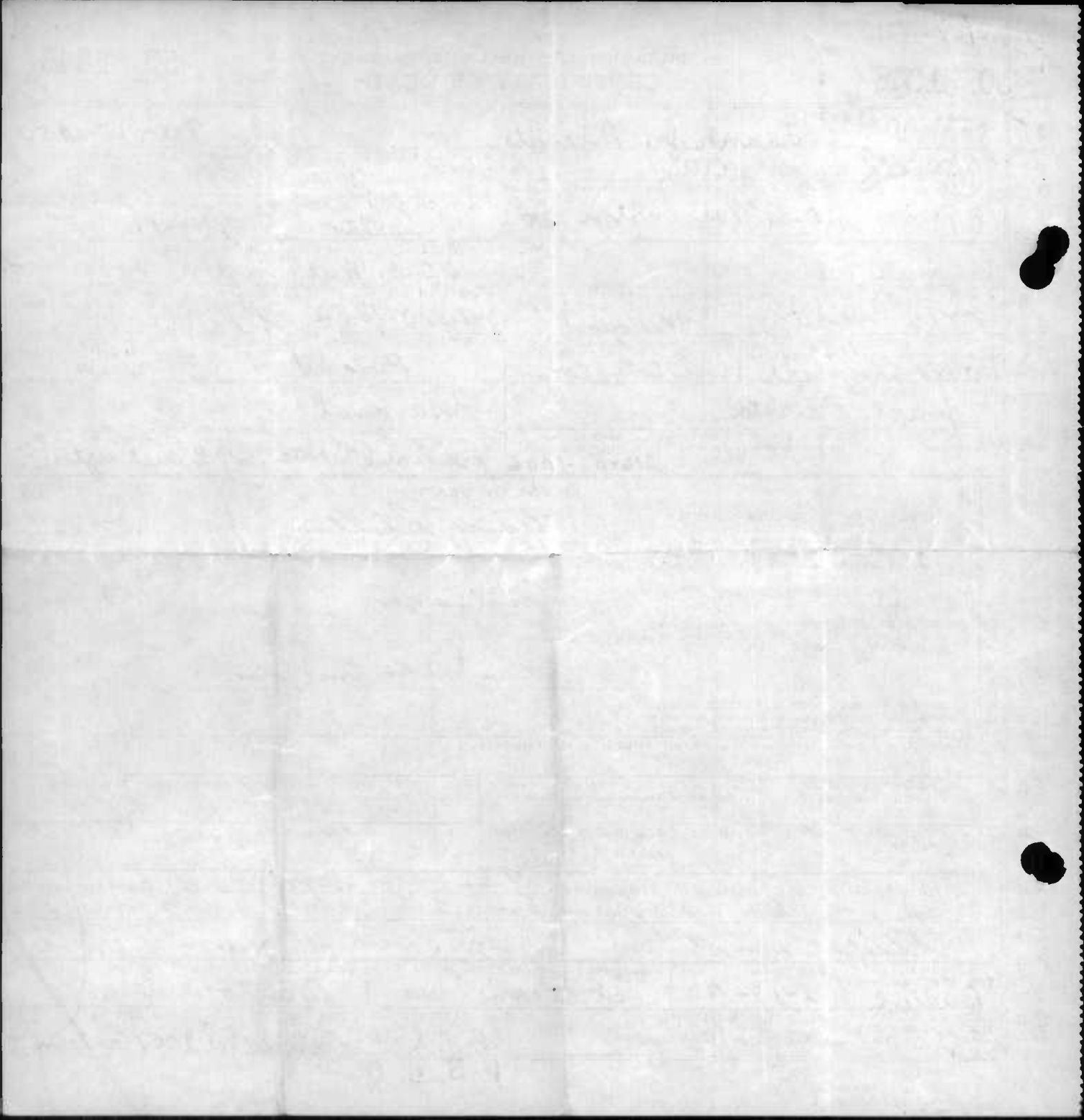
Wm. L. Fialkowski 2007 Eastern Ave

VS 150

V22 X0

1340

131a



U-455 CERTIFICATE CORRECTED 8-10-50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1349 Registered No.

BIRTH No. 1349

1. NAME OF DECEASED
(Type or Print)

Leon S. Ulman

2. DATE OF DEATH 15.
Feb. 15/50.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2828 N. Calvert St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE same B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
12-03

c. Length of stay in Baltimore about 10 years

D. STREET ADDRESS (If rural, give location)

2828 N. Calvert St.,

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Jany, 2nd, 1884 66

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 1 13

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bakery Mngr.

11. BIRTHPLACE (State or foreign country)

Salisbury Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Simon Ulman

14. MOTHER'S MAIDEN NAME

Caroline Long.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

206-10-6697

17. INFORMANT Washington D.C.
Lewis H. Ulman, 2242 49th St. N.W.

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary Thrombosis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary Arteriosclerosis
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Generalized arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:22 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Loeas & Cohen M. D.

23B. ADDRESS

5901 Park heights Ave., Feb. 15/50

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17/50

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

David Southwicks, 1902 E. E. Ave. Balt. City

FEB 16 1950

109500001349

94a

100-12345

CERTIFICATE OF MARRIAGE

State of New York

County of Albany

Know all men by these presents, that

about 10 years

ago, to-wit: on the 1st day of

February

1900

between

and

of the County of Albany

and

of the County of Albany

State of New York

[Faint, mostly illegible text continues in the body of the certificate, including names and dates.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1350

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SPENCER

WHITE

2. DATE
OF
DEATH

2-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 11514 McCulloh Street

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1514 McCulloh Street

c. Length of stay in Baltimore

30 years

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-25-1880

9. AGE (in years

last birthday)

69

If Under 1 Year

Months: Days

II 20

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Navy

11. BIRTHPLACE (State or foreign country)

Brunswick, Ga.,

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Lyfe

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW #1 & 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Evelyn B. White Westwood Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Chronic Myocarditis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arteriosclerosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 14, 1950, to Feb. 14, 1950, that I last saw the deceased alive on Feb. 14, 1950, and that death occurred at 7:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Shervington

23B. ADDRESS

201 N. Carey St.

23C. DATE SIGNED

2/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-17-50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

FEB 16 1950

REGISTRAR'S SIGNATURE

Shervington

25. FUNERAL DIRECTOR

Wm. A. JACKSON - 916 PENNA. AVE

ADDRESS

VS 150

46096

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and correctly.

[Faint, illegible text visible through the paper, likely bleed-through from the reverse side. The text appears to be organized into sections or paragraphs, but the specific words and sentences cannot be discerned.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1351

BIRTH NO. 50-02470

1. NAME OF DECEASED
(Type or Print)

Cole Baby Girl (Mother Corrine Cole)

2. DATE
OF
DEATH

2-4-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)

Baltimore City Hospitals

31 4940 Eastern Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

543 Fulton Ave. Z 5 City. N.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE. MARRIED.

WIDOWED. DIVORCED (Specify)

Single

8. DATE OF BIRTH

2-4-1950

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

20

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Cole

14. MOTHER'S MAIDEN NAME

Corrine Larry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Asphyxia pallida

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-4-1950 to 2-4-1950, that I last saw the
deceased alive on 2-4-1950 and that death occurred at 8:15 PM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

B.C.H. 4940 Eastern Ave.

23C. DATE SIGNED

2-10-1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-7-50 @

24C. NAME OF CEMETERY OR CREMATORY

B.C.H. Crematory

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

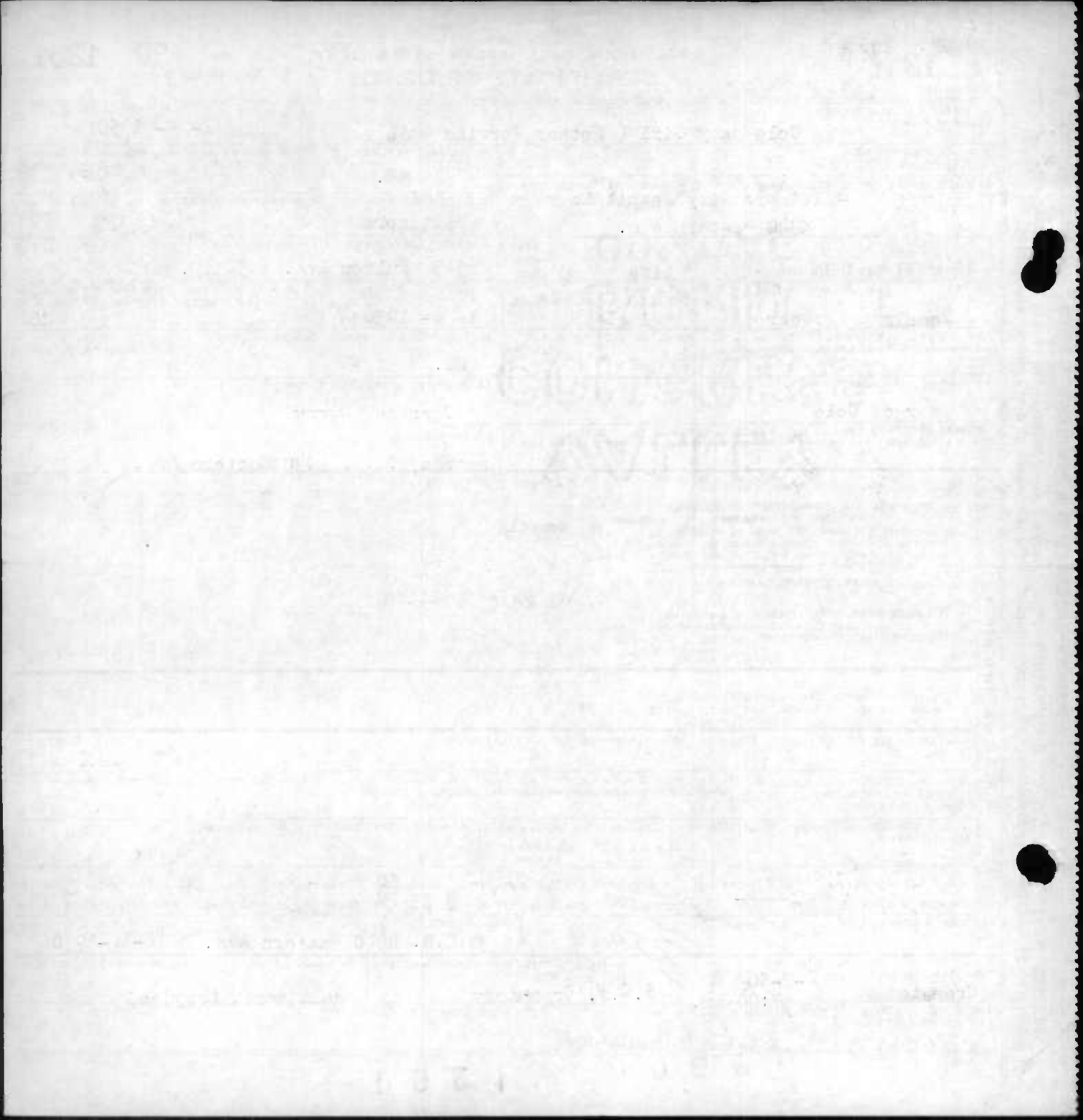
FEB 16 1950

T. J. Williams, M.D.

VS 150

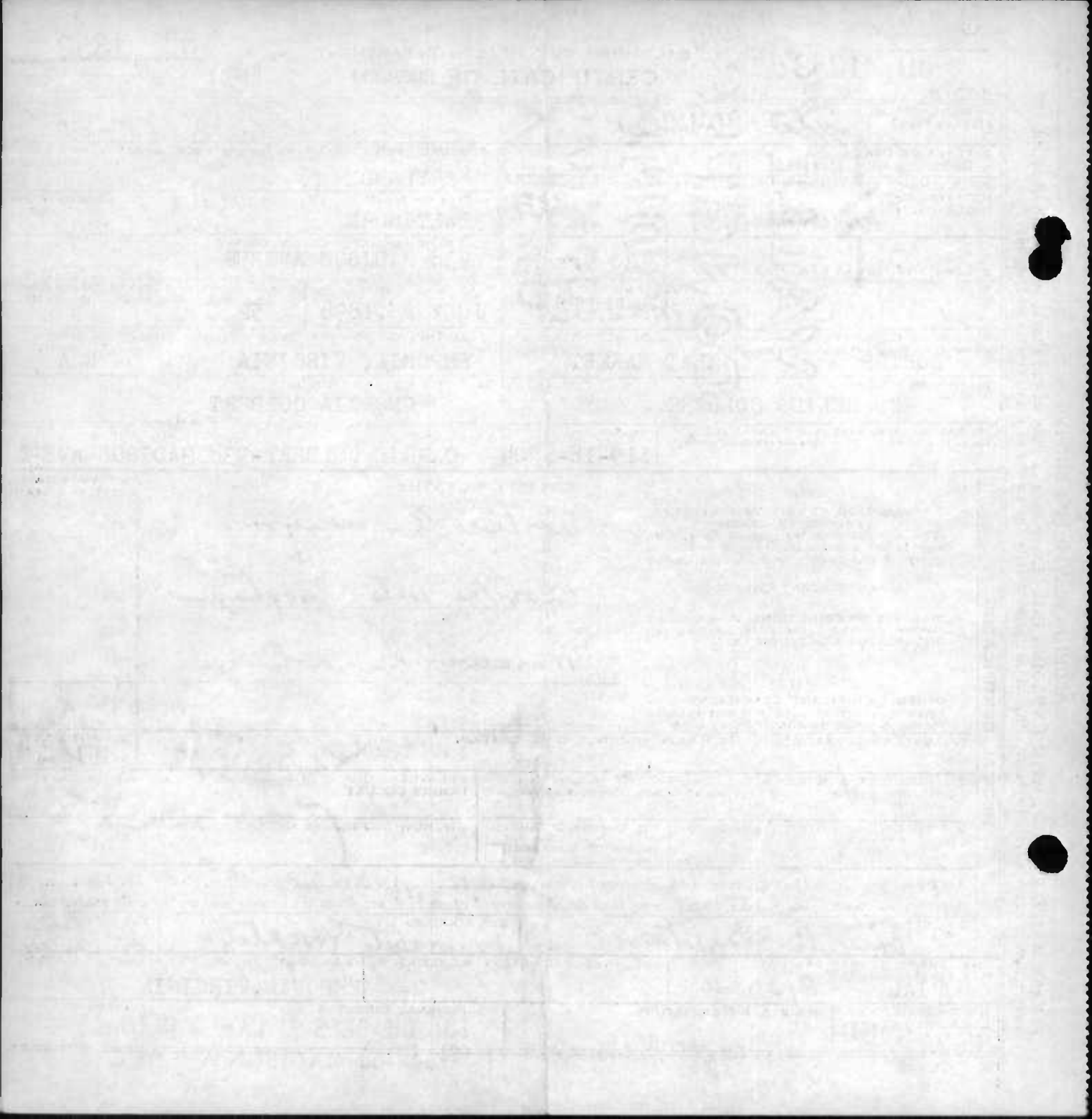
1 6 5 0 0 0 0 1 3 5 1

161a



C-416		Colbert		BALTIMORE CITY HEALTH DEPARTMENT		50 1352		Registered No. 50 1352	
BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Colbert</i>		2. DATE OF DEATH <i>2-15-50</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		D. STREET ADDRESS (If rural, give location) <i>938 MADISON AVENUE</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>		5. SEX <i>m</i>		6. COLOR OR RACE <i>B</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>JULY 25, 1898</i>	
c. Length of stay in Baltimore <i>30 yrs</i>		9. AGE (In years last birthday) <i>51 52</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>PORTER</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MEAT MARKET</i>		11. BIRTHPLACE (State or foreign country) <i>EMPORIA, VIRGINIA</i>	
13. FATHER'S NAME <i>CORNELIUS COLBERT</i>		14. MOTHER'S MAIDEN NAME <i>GEORGIA COLBERT</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>119-18-5704</i>		17. INFORMANT <i>CARRIE COLBERT-938 MADISON AVE-1</i>		ADDRESS			
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Aortic Aneurysm</i> DUE TO <i>Erosion into Esophagus</i> DUE TO <i>Massive Hemorrhage</i>		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>2-14</i> , 1950, to <i>2-15</i> , 1950, that I last saw the deceased alive on <i>2-15</i> , 1950, and that death occurred at <i>2:30 P</i> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>John A. Hightower</i>		23b. ADDRESS <i>University Hospital</i>		23c. DATE SIGNED <i>2-15-50</i>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24b. DATE <i>2/20/50</i>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <i>EMPORIA, VIRGINIA</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1950</i>		REGISTRAR'S SIGNATURE <i>Antony Williams M.D.</i>		25. FUNERAL DIRECTOR <i>THE CHARLES R. LAW MORTUARY</i>		ADDRESS <i>3852-02 MADISON AVENUE</i>			
VS 150 <i>75061</i>						<i>30D</i>		BALTIMORE 1, MD.	

MEDICAL CERTIFICATION



4-560
50 1353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1353
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth M. Lahner

2. DATE
OF
DEATHFeb 14th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1765 N Bay St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

8-02

D. STREET ADDRESS (If rural, give location)

1765 N Bay St

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

00

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar 28th 1890

9. AGE (In years last birthday)

59

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Lastner

14. MOTHER'S MAIDEN NAME

Eecila Heise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

John Lahner 1765 N Bay St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive Arteriosclerosis C.V. Disease

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12, 1950 to Feb 14, 1950 that I last saw the deceased alive on Feb 13, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

J B Stevens

M. D.

23B. ADDRESS

3400 Erdman Ave

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 17th 1950

Holy Reddemen

Belair Road

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 16 1950

VS 150

J B Stevens

Leah S. Cook 1701-03 N Patterson Park Ave

93D

10



Mr Stevens 3400 Edman Ave

S-540
50 1354BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1354

Registered No. 480

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edw and S Small

2. DATE
OF
DEATH

2/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY -

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

531 Gutzman Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 9-08

D. STREET ADDRESS (If rural, give location)

531 Gutzman Ave

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

8/11/82

9. AGE (In years

67

If Under 1 Year

6 Months

If Under 24 Hours

5 Days

If Under 24 Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Roofing

11. BIRTHPLACE (State or foreign country)

Pa adam co.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

John J. Small

14. MOTHER'S MAIDEN NAME

Mary A. Shanahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

yes

World War I

16. SOCIAL
SECURITY NO.

215-05-5341

17. INFORMANT

Jozef Myer 531 Gutzman Ave

ADDRESS

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Influenza

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Unresolved Pneumonia

INTERVAL BETWEEN
ONSET AND DEATH

1 week

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Feb 16, 1950, that I last saw the
deceased alive on Feb 16, 1950, and that death occurred at 8 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. Ephraim

M. D.

23B. ADDRESS

443 E 25th St

23C. DATE SIGNED

Feb. 6 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

St Mary's

24D. LOCATION (City, town, or county)

Mckeesport adam Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

David W. W. & Son

FEB 16 1950

VS 150

988 V9

Huntington Williams, Md

1 Broad Street on 4
33a

CERTIFICATE OF DEATH

FILE NO.

DATE

TIME

PLACE

CAUSE

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

RESIDENCE

DATE OF BIRTH

DATE OF DEATH

TIME OF DEATH

N-242
ES-135500

1355

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1355

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Margaret Nichols (nee Carroll)

2. DATE
OF
DEATH

2-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

21 Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

20-03

D. STREET ADDRESS (If rural, give location)

1938 Christian Street (23)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Sep.

8. DATE OF BIRTH

Jan. 25, 1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR
INDUSTRY

Plaza Rest.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James R. Carroll

14. MOTHER'S MAIDEN NAME

Dorothy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
217 07 0349

17. INFORMANT

ADDRESS 4940

Records*Balto. City Hospitals Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Thrombosis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ No ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-13, 1950 to 2-14, 1950, that I last saw the
deceased alive on 2-14, 1950 and that death occurred at 11:25 P.M. from the causes and on the date stated above.

23A. SIGNATURE

E. J. Hogan

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

2-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery 4300 Old Frederick Rd.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Timothy William McHarry

25. FUNERAL DIRECTOR

ADDRESS

101 Edmondson Ave.

FEB 16 1950
VS 150

520 P6

94a

10001VC
PCND
CHICPE2
AYFEA

F-520 50 1356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE919.4 50 1356
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Douglas H. Fink

2. DATE
OF
DEATH Feb. 14, 19503. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St. Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3727 Milford Ave.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 31, 1926

9. AGE (In years
last birthday)

23

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Western Electric

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elmer J. Fink

14. MOTHER'S MAIDEN NAME

Kathryn Pfaff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War # 2

16. SOCIAL
SECURITY NO.

216 20 7808

17. INFORMANT

ADDRESS

Mrs. Violet B. Fink 3727 Milford Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Subarachnoid Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Lobar pneumonia, left.

(B)

Fracture - dislocation vertebrae

DUE TO

D10, D12

(C)

Fracture, ribs, multiple

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Ingleside Ave. near Franklin Rd.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 5, 1950

?

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Auto into bank

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Dr. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Feb. 15, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 18/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery, North Ave. & Gay St. Balto. Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

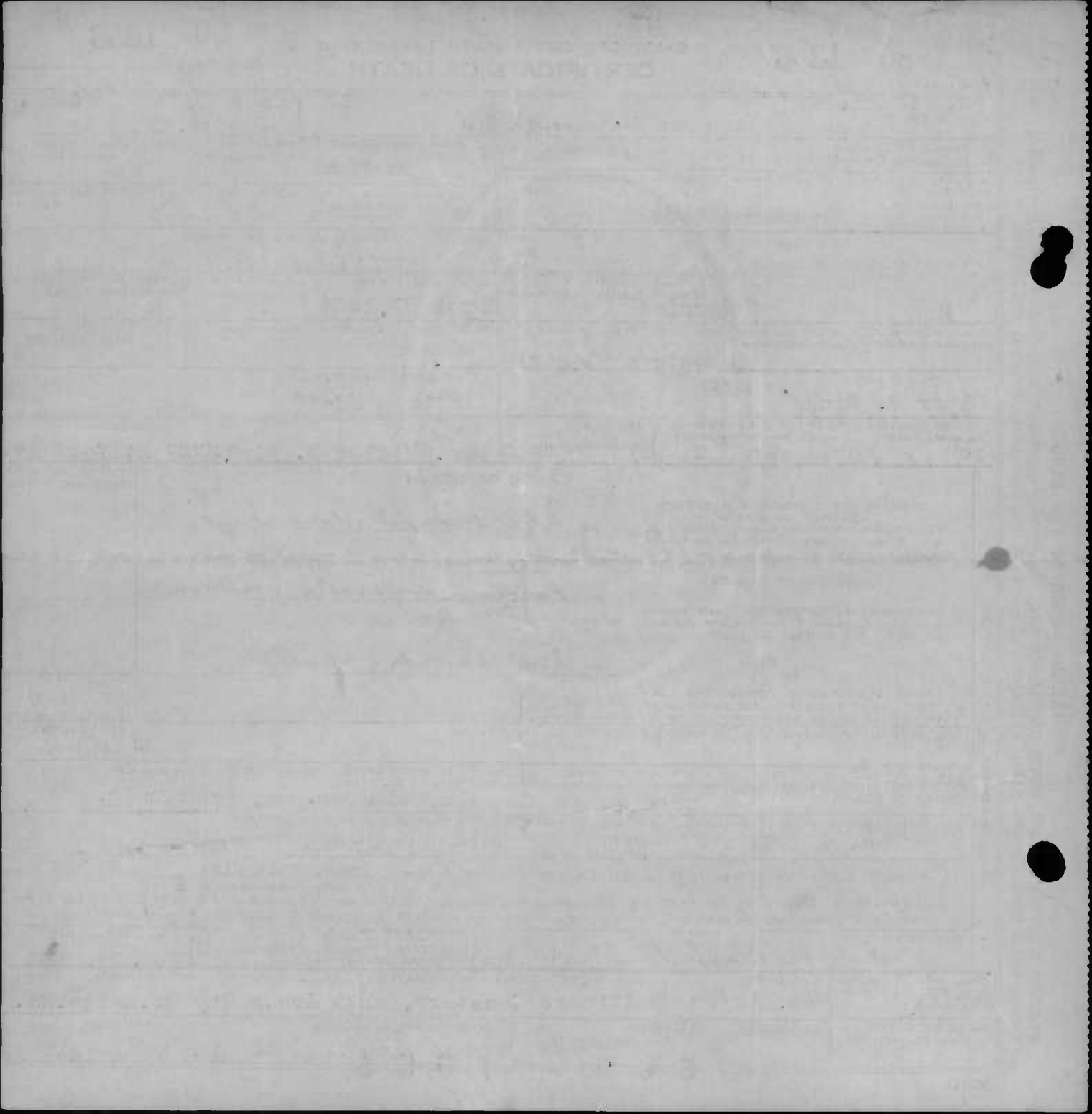
H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Harry D. Witzke

4101 Edmondson Ave



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1357
Registered No.

BIRTH NO. 49-11774

1. NAME OF DECEASED
(Type or Print)

RICHARD

GILL

2. DATE
OF
DEATH

2-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, Md. 20-03

D. STREET ADDRESS (If rural, give location)

601 S. Pulaski St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 4 1919

9. AGE (In years
last birthday)

8 11

10. Under 1 Year
Months Days Hours Min.

8 11

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MARY GILL

601 S. PULASKI

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Acute Laryngotracheobronchitis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Left Lobular Pneumonia
Renal Infarction, Left
Pyelonephritis, LeftRequest the date rearrange the order
of the causes as appeared on the

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.medical certificate so as to make clear
the sequence of the underlying cause of deathINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, etc. (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNITED STATES GOVERNMENT
CENTRAL INTELLIGENCE AGENCY

DATE

TIME

100-100000



1. I have read the
note stated above
and DATE NOTED

(Print or stamp)

ACB:R

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

W-420

501358

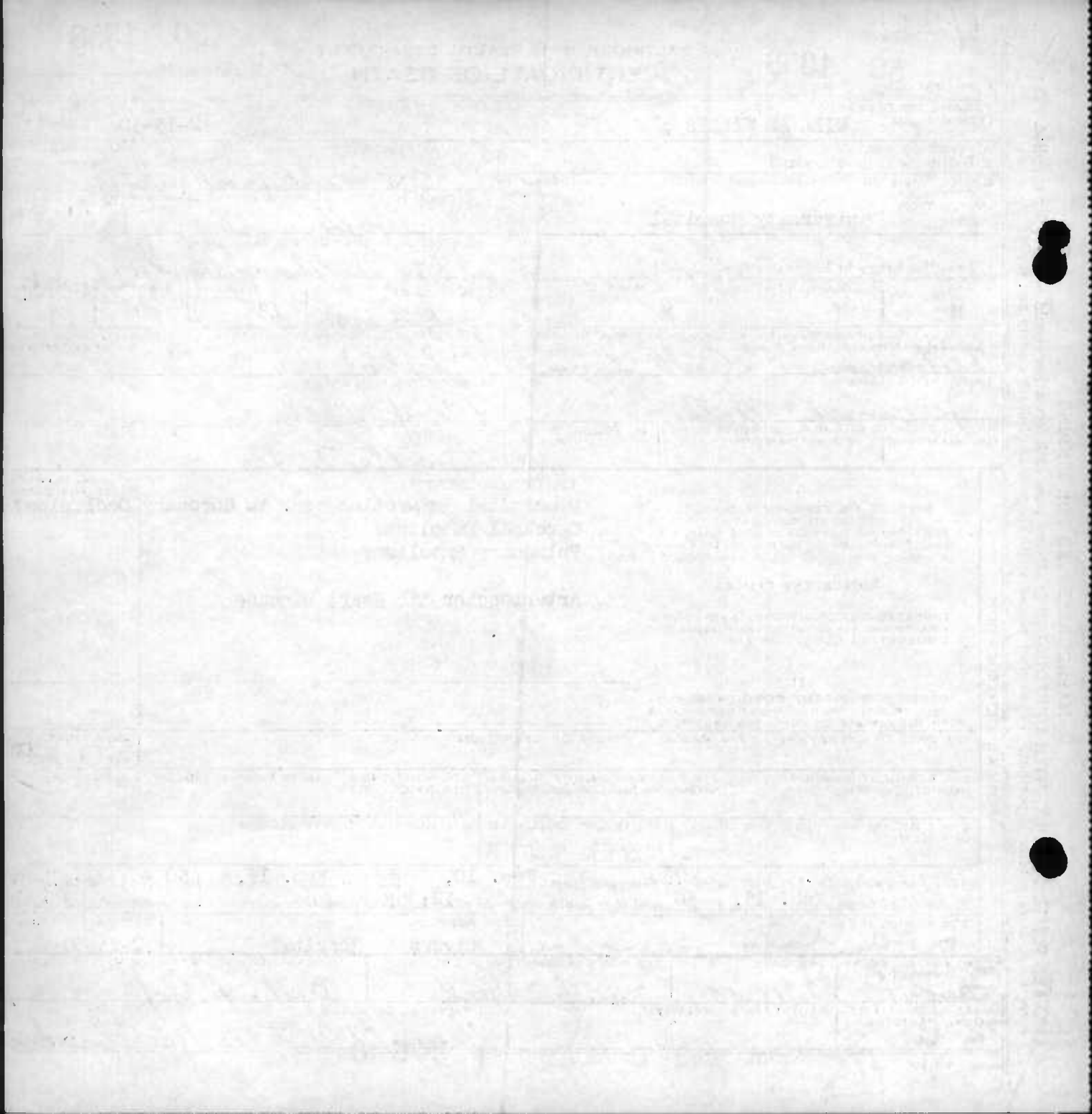
BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

420.0501358

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		WILLIAM WILLIS		2-15-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE			
University Hospital		B. COUNTY			
C. Length of stay in Baltimore		C. CITY OR TOWN			
Life		Baltimore Md.			
5. SEX		6. COLOR OR RACE		D. STREET ADDRESS (If rural, give location)	
M		W		835 Wilkeswood Parkway	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)	
M		July 26 1901		48	
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country)	
Photographer		Baltimore		Baltimore	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Jeremiah Willis		Mary Delaney			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
(If yes, give war or dates of service)				Lucille Willis	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH			
ANTECEDENT CAUSES		Myocardial Infarction sec. to Coronary Occlusion?			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Cerebral Embolism?			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) Pulmonary Embolism?			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Feb. 15, 1950, that I last saw the deceased alive on Feb. 15, 1950, and that death occurred at 12:30 P. M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
W. A. Williams		University Hospital		2-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2/18/50		Landon Park	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
B. T. 61350		[Signature]		[Signature]	
VS 150		38814		93D	



2/14/20

Charles H. ...

Dear

21 April 1920 Hospital

10-16-20

THANK

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1360
Registered No. _____50 1360
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Charles STIKHAIIS			2. DATE OF DEATH Feb 15 - 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 909 S. PACA ST			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 60			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore 31 yrs Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 909 S. PACA ST.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov 8 - 1911	9. AGE (In years last birthday) 38	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Coat mfg -	11. BIRTHPLACE (State or foreign country) Mount Carmel, Penn		12. CITIZEN OF WHAT COUNTRY? yes
13. FATHER'S NAME Charles Stiklaitis			14. MOTHER'S MAIDEN NAME Barbra		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 215-01-9673	17. INFORMANT ADDRESS Albert Stiklaitis 909 S. Paca St.		
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis (A) DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH 6 mos.
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept 9, 1949 to Feb 15, 1950 , that I last saw the deceased alive on Feb 15, 1950 , and that death occurred at 11 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE John P. Urlock, Jr		23B. ADDRESS 1227 Wash. Blvd	23C. DATE SIGNED 2-15-50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE Feb 15 - 50	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem	24D. LOCATION (City, town, or county) (State) Belair Rd Balto Md		
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1950	REGISTRAR'S SIGNATURE Wilmington Williams		25. FUNERAL DIRECTOR ADDRESS Joseph Koperski Inc. 602 Wash. Bldg		

STATE OF TEXAS
COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE

STATE OF TEXAS, IN AND FOR THE

COUNTY OF DALLAS, TEXAS.

Know all men by these presents, that

JOHN A. SMITH, of the County of Dallas,

State of Texas, for and in consideration

of the sum of \$100.00, to him in hand paid

by J. B. SMITH, the receipt of which is

hereby acknowledged, have granted, sold

and conveyed, and by these presents do

grant, sell and convey unto the said

J. B. SMITH, his heirs and assigns forever,

all that certain

tract of land, situate in the County of

Dallas, State of Texas, containing

more or less, as the same may be

more fully described in the

instrument of writing hereunto

reference being made, which instrument

of writing is on file and record in the

office of the County Clerk of the County

of Dallas, State of Texas, to wit:

Book of Deeds, page 100.

TO HAVE AND TO HOLD the above

described premises, together with

all and singular the rights and

appurtenances in anywise in anywise

in anywise in anywise in anywise

in anywise in anywise in anywise

in anywise in anywise in anywise

in anywise in anywise in anywise

in anywise in anywise in anywise

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-522

50 1361

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1361
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John Remeikis</i>		2. DATE OF DEATH <i>Feb 15 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1313 Herkimer St</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>md</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>		O. STREET ADDRESS (If rural, give location) <i>1313 Herkimer St</i>	
c. Length of stay in Baltimore <i>50 yrs</i>		Yrs. <i>50</i> Mos. <i>4</i> Days <i>2</i>		8. DATE OF BIRTH <i>JUNE 15-1876</i>	
5. SEX <i>male</i>		6. COLOR OF RACE <i>White</i>		9. AGE (in years last birthday) <i>73</i>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Presser. Coats</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>COAT. Mtgs.</i>	
11. BIRTHPLACE (State or foreign country) <i>LITHUANIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>—</i>		13. FATHER'S NAME <i>P Remeikis</i>	
14. MOTHER'S MAIDEN NAME <i>ANNIE VAINAUSKAS</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>—</i>		16. SOCIAL SECURITY NO. <i>212-07-6362</i>	
17. INFORMANT <i>Anthony Remeikis</i>		ADDRESS <i>1313 Herkimer St</i>		18. CAUSE OF DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cerebral Thrombosis, right</i>		(A) DUE TO <i>4 days</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis</i>		(B) DUE TO <i>?</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 11</i> , 1950, to <i>Feb 15</i> , 1950, that I last saw the deceased alive on <i>Feb 15</i> , 1950, and that death occurred at <i>10 A.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>John P. Urloch, Jr.</i>		23B. ADDRESS <i>1227 Wash. Bldg</i>		23C. DATE SIGNED <i>2-15-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Feb 18-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cm.</i>	
24D. LOCATION (City, town, or county) (State) <i>Bolair Rd Balto. Md</i>		24E. FUNERAL DIRECTOR <i>Joseph Kasenkas Jr</i>		24F. ADDRESS <i>602 Wash</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 16 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>		VS 150 <i>49606</i>	

July 1920

John Hemmels
and family

1919-1920

1919-1920

White Limestone

1919-1920

1919-1920

1919-1920

1919-1920

M-261
50 1362BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1362
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISRAEL MAZAROFF

2. DATE
OF
DEATH

February 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1922 N. Bentalou Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1922 N. Bentalou Street

c. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1879

9. AGE (In years

last birthday)

70

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Tailor

10B. KIND OF BUSINESS OR

INDUSTRY
Cleaning & Pressing

11. BIRTHPLACE (State or foreign country)

Russie

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Mazaroff

14. MOTHER'S MAIDEN NAME

Rosse ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Gerald Macey 1922 N. Bentalou Street

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1948, to Feb. 15, 1950, that I last saw the
deceased alive on Feb. 15, 1950, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

N. E. Needles

M. D.

23B. ADDRESS

1314 - 800 North Ave

23C. DATE SIGNED

2/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-17-50

24C. NAME OF CEMETERY OR CREMATORY

Posvohler Verein Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Sol Layinson & Bros 1124 W North Avenue

VS 150

36065

51B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF COMMERCE
BUREAU OF MARITIME SERVICE
CERTIFICATE OF TONNAGE

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

1917

S-325

50 1363

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 1363 Registered No.

1. NAME OF DECEASED (Type or Print) George W. Stockman			2. DATE OF DEATH Feb. 14, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1203 S. Bouldin St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1203 S. Bouldin St.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 16, 1892		9. AGE (in years, last birthday) 57
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffuer		10B. KIND OF BUSINESS OR INDUSTRY city of Balto.	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles			14. MOTHER'S MAIDEN NAME not known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT STOCKMAN ADDRESS Katherine E. Finnerly 1203 Bouldin St		

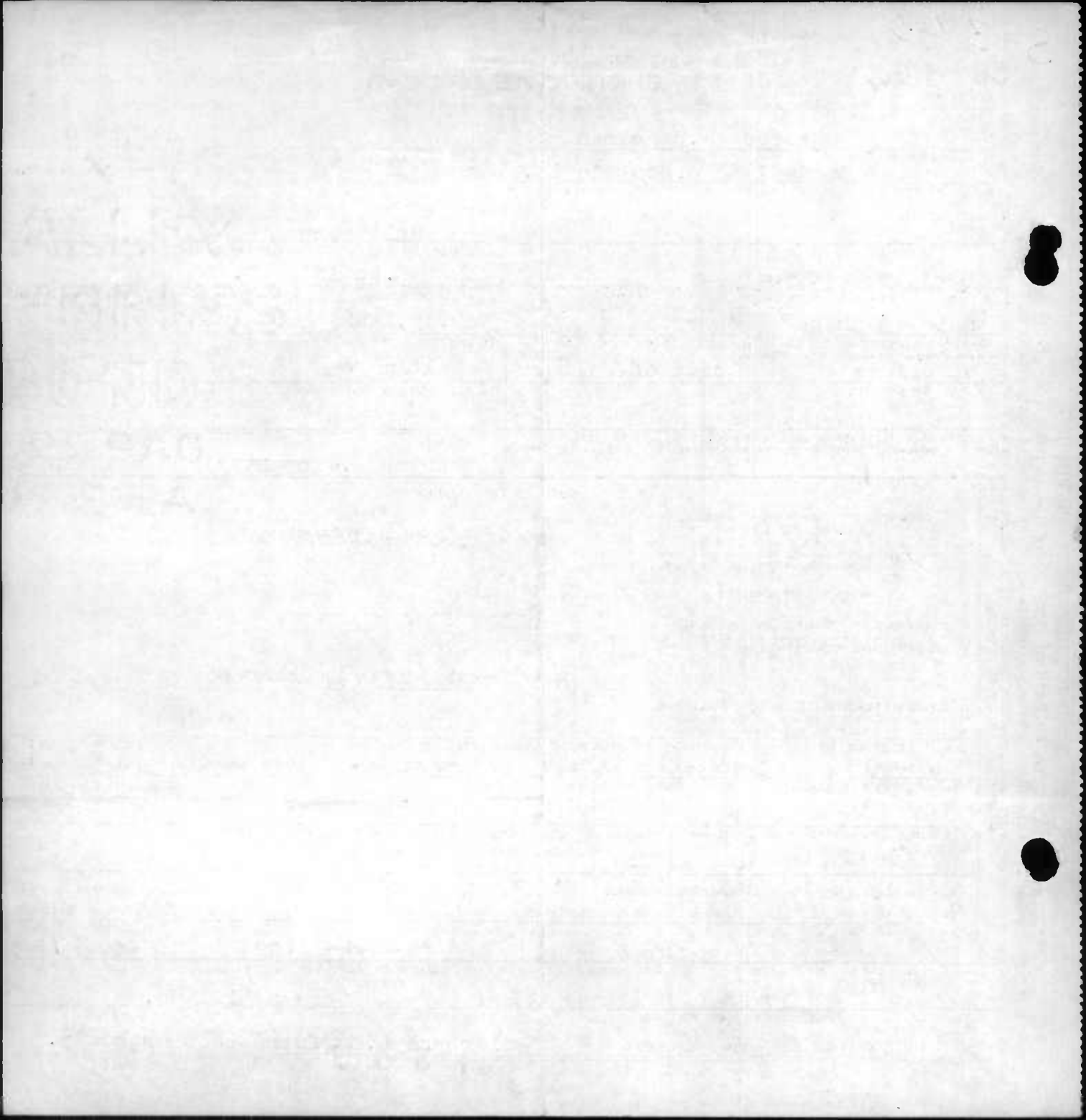
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) CANCER OF ESOPHAGUS DUE TO			6 mos
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) ARTERIOSCLEROSIS, GENERALIZED DUE TO			3 yrs.
19A. DATE OF OPERATION 11/22/49	19B. MAJOR FINDINGS OF OPERATION MUCOSA EPITHELIAL CELL METASTATIC CARCINOMA		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MARCH 11, 1947 , to FEB. 14, 1950 , that I last saw the deceased alive on FEB. 13, 1950 , and that death occurred at 3:45 AM. , from the causes and on the date stated above.			
23A. SIGNATURE Benjamin Highstein		23B. ADDRESS 121 S. HIGHLAND AVE.	23C. DATE SIGNED FEB. 14, 1950
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/17/50	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) German Hill Rd.
DATE RECEIVED BY LOCAL REGISTRAR FEB 16 1950	REGISTRAR'S SIGNATURE Wilmington Williams, M.D.	25. FUNERAL DIRECTOR Clarence F. Hoffmann 1639 Broadway.	

43298

46a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1364

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STEPHEN A. MARTIN

2. DATE
OF
DEATH

2-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3169 Baybrun Road

c. Length of stay in Baltimore

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 4, 1906

9. AGE (In years,
last birthday)

43

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Pullman Co.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Martin

14. MOTHER'S MAIDEN NAME

Irene Churchill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William M. Martin, 3169 Baybrun Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral hemorrhage,
massive
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) malignant hypertension
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 2-15-1950, to 2-16-1950, that I last saw the deceased give on 2-16-1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

H. J. Gajewski, M. D.

23B. ADDRESS

1213 Light St.

23C. DATE SIGNED

2-16-50

24A. BURIAL, CREMATION,
REMOVAL (Specify)

24B. DATE

Feb. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore Co., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M. D.

25. FUNERAL DIRECTOR

ADDRESS

Roland L. Fisher, 2112 Dundalk Ave

FEB 16 1950

VS 150

33440

83a

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1 last name
date stated above
and date signed

(Signature of doctor)
(State)

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1365
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alberta Bangs

2. DATE
OF
DEATH

2/14/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

West Baltimore Genl Hospital

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-07B

D. STREET ADDRESS (If rural, give location)

3110 Windsor Ave.,

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 1, 1866

9. AGE (In years,
last birthday)

83

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Pancoast

14. MOTHER'S MAIDEN NAME

Maria Winchester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT ADDRESS

Howard L. Bangs 2107 Ellamont St.,

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchial pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertensive atherosclerotic cardiovascular disease
cardiac failure
Possible alkalemic ischemic

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/13, 1950, to 2/14, 1950, that I last saw the
deceased alive on 2/14, 1950, and that death occurred at 6:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Katharine R. Kemp

23B. ADDRESS

West Balto. Gen. Hosp.

23C. DATE SIGNED

2/14/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-17-50

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county) (State)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 16 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

C-450

50 1366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH456 50 1366
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward J. Callahan

2. DATE
OF
DEATH

February 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-01

c. Length of stay in Baltimore

74 Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

27 York Court

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-9-77

9. AGE (In years
last birthday)

72 74

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PROPRIETOR

10B. KIND OF BUSINESS OR
INDUSTRY

LABORATORY SUPPLIES

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Callahan

14. MOTHER'S MAIDEN NAME

Frances Rooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Peritonitis nodosa

6 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic heart disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

JOHNS HOPKINS HOSPITAL

22. I hereby certify that I attended the deceased from 12-8, 1949, to 2-15, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. B. King, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

FEB 18, 1950

24C. NAME OF CEMETERY OR CREMATORY

LORRAINE PARK CEM.

24D. LOCATION (City, town, or county)

WODLAVYN, BALTO. CO., MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FLYNN & FLEMING-1426 LIGHT ST., BALTO. 30

FEB 16 1950
VS 150

15660

95B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES OF AMERICA

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-550
50 1367

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1367
Registered No.

1. NAME OF DECEASED (Type or Print)			CHARLES C. HAYMAN			2. DATE OF DEATH Feb. 15, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.					
B. FULL NAME OF HOSPITAL OR INSTITUTION 831 N. Bentalou St.			C. CITY OR TOWN Baltimore			D. STREET ADDRESS (If rural, give location) 831 N. Bentalou St.		
c. Length of stay in Baltimore			Yrs. Mos. Days					
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 15, 1884		9. AGE (In years last birthday) 65	10. Under 1 Year Months: Days		11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brick Mason rtd			10B. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY ✓	
13. FATHER'S NAME Stephen R. Hayman			14. MOTHER'S MAIDEN NAME Louisa D. Pusey					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Edith L. Hayman 831 N. Bentalou St.				
18. 144 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) (Terminal) Bronchopneumonia DUE TO (B) Carcinoma mouth, face mandible DUE TO mucous membranes (far-advanced) opposite left 2nd molar (C) Generalized + cerebral arterio sclerosis			INTERVAL BETWEEN ONSET AND DEATH 36 hrs 1 year 5 yrs ±		
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION						
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none				
22. I hereby certify that I attended the deceased from 4/17, 1949, to 2/15, 1950, that I last saw the deceased alive on 2/15, 1950, and that death occurred at 2:10 Pm., from the causes and on the date stated above.								
23A. SIGNATURE Dr Maurice Feldman Jr			23B. ADDRESS 817 St Paul St			23C. DATE SIGNED 2/16/50		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/50		24C. NAME OF CEMETERY OR CREMATORY Cathedral Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1950		REGISTRAR'S SIGNATURE William Williams, M.D.		25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.		

VS 150
306 V9 109500001367 45D

20044

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1368

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DONALD

EFFINGER

HANCOCK

2. DATE
OF
DEATH

February 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

West Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3027 W. North Avenue

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 28, 1892

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dispatcher

10B. KIND OF BUSINESS OR
INDUSTRY

Fuel Oil

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Lula Effinger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War #1

16. SOCIAL
SECURITY NO.

284-09-1591

17. INFORMANT

ADDRESS

Mrs. Hazel E. Hancock - 3027 W. North Av

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Artery Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atherosclerosis

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. McClafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

2-15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

VS 151

266 V4

1368

94a

✓

UNITED STATES DEPARTMENT OF HEALTH

OFFICE OF THE ASSISTANT SECRETARY

FOR PUBLIC HEALTH

WASHINGTON, D. C.

February 1, 1944

Dear Sir:

I am very pleased to hear

from you and to learn

that you are well.

I am sure you will find

the enclosed of interest.

I am, very respectfully,

Yours very truly,

W. H. K. H. H.

Enclosure

Very truly yours,

W. H. K. H. H.

Enclosure

Very truly yours,

W. H. K. H. H.

Enclosure

Very truly yours,

W. H. K. H. H.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1369

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MINNIE BENNZANZAR

2. DATE
OF
DEATH

Feb. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2920 Presstman St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto.

D. STREET ADDRESS (If rural, give location)

2920 Presstman St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 31, 1866

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph H. Bennanzar

14. MOTHER'S MAIDEN NAME

Julia A. Ritter

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Jessie B. Ford 1825 Poplar Grove S

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes Mellitus

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Chronic Tubular Nephritis

5 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 3, 1949, to Feb. 15, 1950, that I last saw the
deceased alive on Feb. 15, 1950, and that death occurred at 7:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Isaac E. Dickson

23B. ADDRESS

3055 W. North Ave

23C. DATE SIGNED

Feb. 16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS Balto., Md.

FEB 16 1950

VS 150

1 5 0 0 0 0 1 3 6 9

61

CERTIFICATE OF DEATH

1. Name of deceased: _____
2. Sex: _____
3. Age: _____
4. Date of birth: _____
5. Place of birth: _____
6. Date of death: _____
7. Place of death: _____
8. Cause of death: _____
9. Signature of physician: _____
10. Signature of registrar: _____
11. Date of registration: _____
12. Place of registration: _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1370
Registered No. 174

B-352
50 1370
BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANEY BRINKEHOFF BITTINGER

2. DATE
OF
DEATH

Feb. 15, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Fetterhoff Nursing Home location)
INSTITUTION 3502 Clifton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township) 15-07B

D. STREET ADDRESS (If rural, give location)

3114 Windsor Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Jan. 17, 1877

9. AGE (In years,
last birthday) Months Days Hours Min.

73

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Daniel M. Bittinger

14. MOTHER'S MAIDEN NAME

Maggie J. Love

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, so or otherwise) (If yes, give war or dates of service)
No

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Miss Janey W. Valentine 3114 Windsor Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

General Carcinoma of uterus -
metastases to Brain

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Adeno carcinoma of uterus

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Apr 1949

19B. MAJOR FINDINGS OF OPERATION

Adeno carcinoma of uterus

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan 13, 1949, to Feb 14, 1950, that I last saw the
deceased alive on Feb 14, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE

W Banna and Hood

M. D.

23B. ADDRESS

2200 Garrison Blvd

23C. DATE SIGNED

Feb. 15-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm J Tickner & Sons

25. FUNERAL DIRECTOR

ADDRESS

Wm J. TICKNER & SONS

Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 1371**

BIRTH NO. 50 1371		1. NAME OF DECEASED (Type or Print) Charles Roemer		2. DATE OF DEATH 2-15-50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Balto		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coakleysville - Rural	
B. FULL NAME OF HOSPITAL OR INSTITUTION West. Baltimore General Hospital		D. STREET ADDRESS (If rural, give location) Masonic Home		E. LENGTH OF STAY IN BALTIMORE 46 Yrs. Mos. Days	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6/21/1879	9. AGE (In years last birthday) 70	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cutter		10B. KIND OF BUSINESS OR INDUSTRY Mens Neckwear	11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John Roemer		14. MOTHER'S MAIDEN NAME Martha (Unknown)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. 212-01-3773A		17. INFORMANT Masonic Home Records		ADDRESS	
18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction		CAUSE OF DEATH (A) Myocardial Infarction (B) A.S.C.V.D. (C) Benign Prostatic Hypertrophy		INTERVAL BETWEEN ONSET AND DEATH 5 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Benign Prostatic Hypertrophy		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. DATE OF OPERATION 2-7-50		19B. MAJOR FINDINGS OF OPERATION Nodular Hyperplasia of prostate - Chr. Prostatitis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-4-50 , 19__, to 2-15-50 , 19__, that I last saw the deceased alive on 2-15-50 , 19__, and that death occurred at 5:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Barrie Linn Grant		23B. ADDRESS W.B.G.H., Baltimore		23C. DATE SIGNED 2-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/18/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Parkville Md.		25. FUNERAL DIRECTOR Wm. Prof. Inc. 1217 St. Paul St.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1950		REGISTRAR'S SIGNATURE Washington Williams, Jr.		25. FUNERAL DIRECTOR Wm. Prof. Inc. 1217 St. Paul St.	

H-543
50 1372BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1372

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna E Hamilton

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1627 Enson St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 9-09

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1627 Enson St

5. SEX

Female

White

Widow

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

July 17, 1886

9. AGE (in years
last birthday)

63

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Margaret Fisher 1627 Enson St

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic Cardio-vascular Disease

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

OF INJURY

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from June 10, 1947, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 5 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Wolfe

23B. ADDRESS

1331 E North Ave

23C. DATE SIGNED

2-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1217 Howard St

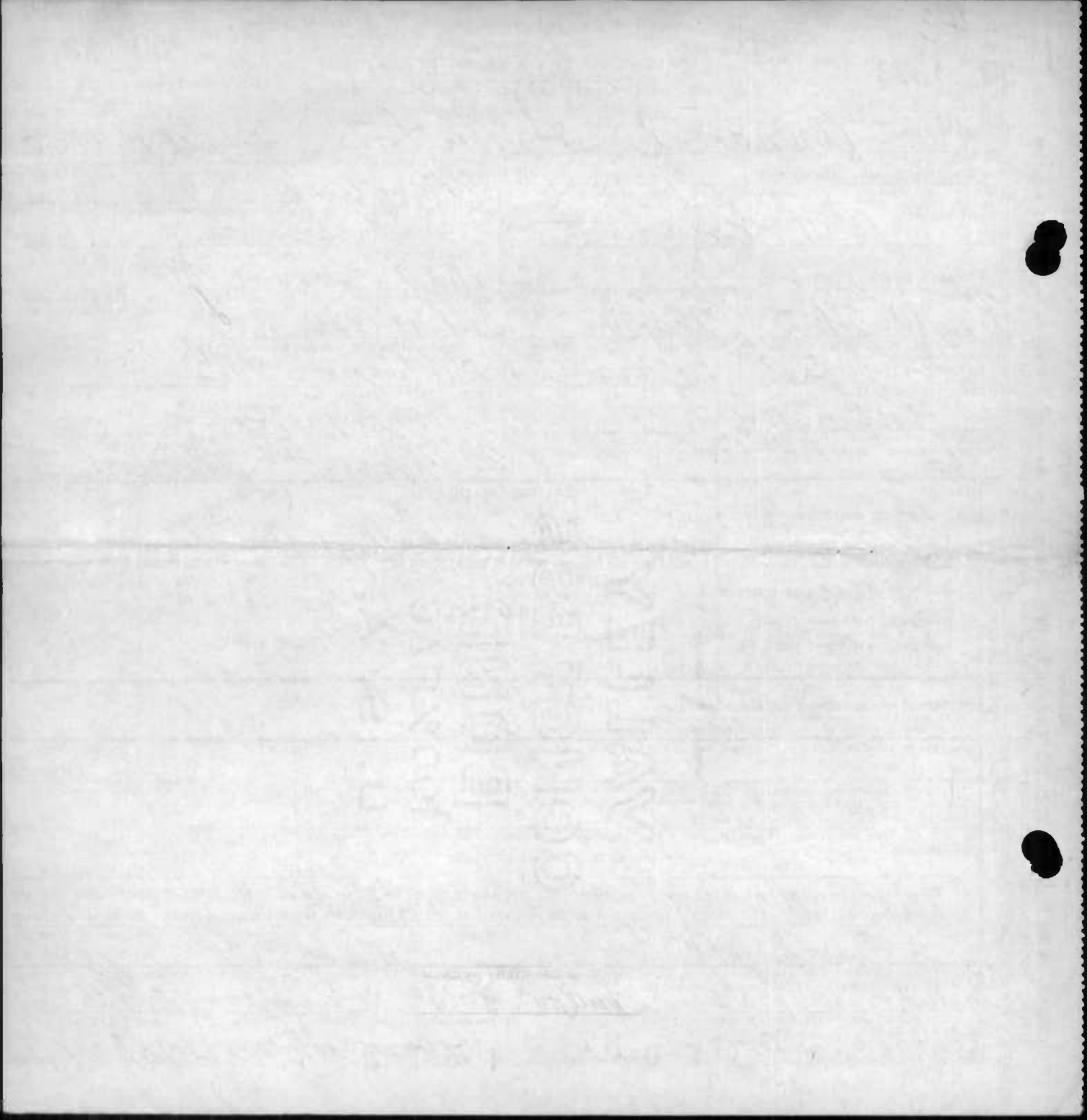
FEB 17 1950

VS 150

93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death—clearly and legibly.



MS-135541

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHReisterstown, Md.
50 1373

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles E. Bryan

2. DATE
OF
DEATH

2-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTION location)

Baltimore City Hospitals

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

township)

Baltimore

4940 Eastern Ave.

D. STREET ADDRESS (If rural, give location)

Crownsville State Hosp., A.A. Co.

C. Length of stay in Baltimore

?

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 27, 1893

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unknown NEVER WORKED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Howard Bryan

14. MOTHER'S MAIDEN NAME

Harriett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records--4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-10-50

19B. MAJOR FINDINGS OF OPERATION

Lt. indirect inguinal hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6-1950, to 2-14-1950, that I last saw the
deceased alive on 2-14-1950 and that death occurred at 2:15 AM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

B.C.H.--4940 Eastern Ave.

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 17, 1950

24C. NAME OF CEMETERY OR CREMATORY

St. Luke

24D. LOCATION (City, town, or county)

Reisterstown, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles H. Alexander 1200 McCulloh St.

STANDARD FORM NO. 64
OFFICE OF THE SECRETARY OF DEFENSE

FORM NO. 104-1
10-64

1. NAME OF THE ORGANIZATION

2. ADDRESS

3. CITY

4. STATE

5. ZIP CODE

6. PHONE NUMBER

7. FAX NUMBER

8. E-MAIL ADDRESS

9. WEBSITE ADDRESS

10. OTHER CONTACT INFORMATION

11. DATE OF SUBMISSION

12. SIGNATURE

13. TITLE

14. ORGANIZATION

15. ADDRESS

16. CITY

17. STATE

18. ZIP CODE

19. PHONE NUMBER

20. FAX NUMBER

21. E-MAIL ADDRESS

22. WEBSITE ADDRESS

C-655

50 1374

BALTIMORE CITY HEALTH DEPARTMENT

50 1374

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 50-02853

1. NAME OF DECEASED
(Type or Print)

Baby Boy CROWN

2. DATE
OF
DEATH

Feb. 7, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

47 Hosp. for Women of Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

703 Harvey St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 6, 1950

9. AGE (In years

last birthday)

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

12 44

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA.

13. FATHER'S NAME

John Joseph Crownin

14. MOTHER'S MAIDEN NAME

Anna Agnes McQuay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

mother - Mrs. Anna Crownin.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Extreme prematurity

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 6, 1950 to Feb 7, 1950 that I last saw the deceased alive on Feb 7, 1950, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Spencer, Jr. M.D.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

2-9-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 10 1950

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

Huntington Williams, M.D.

Commissioner of Health

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY, N. Y.

1900

1901

1902

1903

1904

1905

1906

1907

1908

1909

1910

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

1938

1939

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952

1953

1954

1955

1956

1957

1958

1959

1960

1961

1962

1963

1964

1965

1966

1967

1968

1969

1970

1971

1972

1973

1974

1975

1976

1977

1978

1979

1980

1981

1982

1983

1984

1985

1986

1987

1988

1989

1990

1991

1992

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

2024

2025

2026

2027

2028

2029

2030

2031

2032

2033

2034

2035

2036

2037

2038

2039

2040

2041

2042

2043

2044

2045

2046

2047

2048

2049

2050

2051

2052

2053

2054

2055

2056

2057

2058

2059

2060

2061

2062

2063

2064

2065

2066

2067

2068

2069

2070

2071

2072

2073

2074

2075

2076

2077

2078

2079

2080

2081

2082

2083

2084

2085

2086

2087

2088

2089

2090

2091

2092

2093

2094

2095

2096

2097

2098

2099

2100

2101

2102

2103

2104

2105

2106

2107

2108

2109

2110

2111

2112

2113

2114

2115

2116

2117

2118

2119

2120

2121

2122

2123

2124

2125

2126

2127

2128

2129

2130

2131

2132

2133

2134

2135

2136

2137

2138

2139

2140

2141

2142

2143

2144

2145

2146

2147

2148

2149

2150

2151

2152

2153

2154

2155

2156

2157

2158

2159

2160

2161

2162

2163

2164

2165

2166

2167

2168

2169

2170

2171

2172

2173

2174

2175

2176

2177

2178

2179

2180

2181

2182

2183

2184

2185

2186

2187

2188

2189

2190

2191

2192

2193

2194

2195

2196

2197

2198

2199

2200

2201

2202

2203

2204

2205

2206

2207

2208

2209

2210

2211

2212

2213

2214

2215

2216

2217

2218

2219

2220

2221

2222

2223

2224

2225

2226

2227

2228

2229

A-654

50 1375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1375

BIRTH NO. 50-02989

1. NAME OF DECEASED (Type or Print) Baby Boy Arnold 760.5		2. DATE OF DEATH Feb. 9, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Church Home & Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dundalk 22	
C. Length of stay in Baltimore 12 hrs. 50 min.		D. STREET ADDRESS (If rural, give location) 8102 Bullneck Rd.	
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Feb. 8, 1950
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) New born		9. AGE (In years last birthday) Months: Days 12 50	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Mr. James P. Arnold		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. MOTHER'S MAIDEN NAME Helen Judy		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Mr. James Arnold 8102 Bullneck Rd	

18. I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Cerebral hemorrhage

DUE TO

(B) Birth trauma +

DUE TO

(C) Prematurity

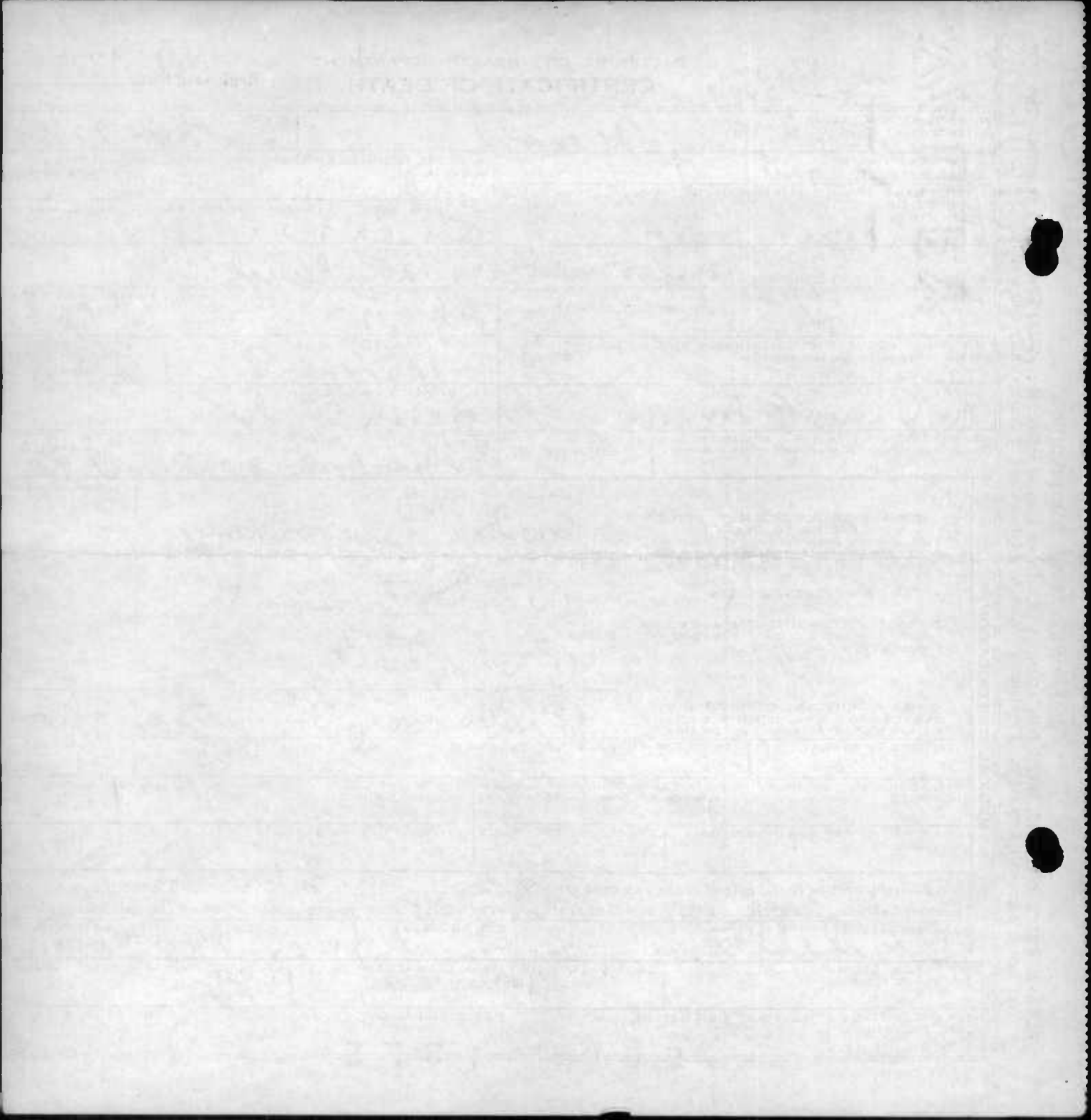
Pulmonary atelectasis

INTERVAL BETWEEN ONSET AND DEATH

8 hrs

8 hrs

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 8, 1950, to Feb. 9, 1950, that I last saw the deceased alive on Feb. 9, 1950, and that death occurred at 2:10 A.M., from the causes and on the date stated above.					
23A. SIGNATURE Ronald Heaton		23B. ADDRESS Church Home & Hosp		23C. DATE SIGNED Feb. 10, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county)		24E. DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1950		24F. REGISTRAR'S SIGNATURE Thurston H. Williams	
25. FUNERAL DIRECTOR		25A. ADDRESS		25B. DATE RECEIVED BY LOCAL REGISTRAR FEB 10 1950	



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1376

BIRTH NO. 50-02850

1. NAME OF DECEASED
(Type or Print)

Baby Boy Robinson

2. DATE
OF
DEATH

Feb. 11, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Hosp. for Women of Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore-6 26-01

D. STREET ADDRESS (If rural, give location)

4408 Raspe Avenue

c. Length of stay in Baltimore

one

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Feb. 10, 1950

9. AGE (In years
last birthday)10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.

9 25

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Kenneth Allan Robinson

14. MOTHER'S MAIDEN NAME

Mildred Rose Haile

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

mother

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) Prematurity
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Partial premature separation
of placenta (maternal)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from Feb. 10, 1950, to Feb. 11, 1950, that I last saw the
deceased alive on Feb. 11, 1950, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William H. Spencer, Jr., M.D.

23B. ADDRESS

Hosp. for Women of Md.

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 14 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

700-1222

R-400

50 1377

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1377

BIRTH NO. 50-04930

1. NAME OF DECEASED
(Type or Print)

BABY BOY RILEY

2. DATE
OF
DEATH

11 FEB. 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR UNIVERSITY HOSPITAL location)
INSTITUTION REDWOOD & GREENEC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTO.

11-04

c. Length of stay in Baltimore

1

D. STREET ADDRESS (If rural, give location)

344 CAMEL ST.

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

2-10-50

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

23 53

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Edward Stison

14. MOTHER'S MAIDEN NAME

DOROTHY RILEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

0

16. SOCIAL
SECURITY NO.

0

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Prob. Cong. Heart Disease

23 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Feb, 1950, to 11 Feb, 1950, that I last saw the
deceased alive on 10 Feb, 1950, and that death occurred at 10:05 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Blackburn S. Joslin

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

11 Feb 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL FEB 15 1950

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

CERTIFICATE OF DEATH

1225

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1378

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Martin

2. DATE
OF
DEATH

FEB 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

8. SEX

9. COLOR OR RACE

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

11. DATE OF BIRTH

12. AGE (In years last birthday)

13. Under 1 Year

14. Under 24 Hours

15A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

15B. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME

19. MOTHER'S MAIDEN NAME

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT

23. ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Glomerulonephritis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2:7. 1950, to 2:17, 1950, that I last saw the deceased alive on 2-17-1950, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles M. Smith Jr.

M. D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

2/19/50

New York

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

William H. Williams

Charles W. Towell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

George Washington

*714
The City
1890*

John White

1890

1890

1890

1890

R-152

50 1379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1379

1. NAME OF DECEASED
(Type or Print)SARAH RUBINSTEIN (AKMAN) ^{nee}2. DATE
OF
DEATH

2-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2476 Shirley Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mt Carmel Home

C. CITY OR TOWN

(If outside corporate limits, give U.S. and give township)

Baltimore

c. Length of stay in Baltimore

39

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1924 B Baltimore St

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

Female

White

Widowed

8/4

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Russia

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Samuel

Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Akman 922 Whitelock St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Cystadenocarcinoma of Ovary - with add. abdominal carcinomatosis

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) Chronic Pyelitis & Cystitis

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1948 to 2-16, 1950, that I last saw the deceased alive on 2/16, 1950, and that death occurred at 8:10 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Alfred L. Cooper

M. D.

2201 Eutaw Place

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-17-50

Hebrew Mt Carmel

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

J. Williams

Jack Rivers Inc 2100 Eutaw Pl

VS 150

1300

49a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Correct age is especially important. Physicians: please write the causes of death clearly and correctly.

Cooper

200-1230

M-460

50 1380

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1380

1. NAME OF DECEASED (Type or Print) <i>Morris Miller</i>			2. DATE OF DEATH <i>2-16-1950</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MARYLAND</i> B. COUNTY <i>15-13</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTIMORE</i>		
C. Length of stay in Baltimore <i>40</i>			D. STREET ADDRESS (If rural, give location) <i>2901 Ridgewood Ave</i>		
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>	8. DATE OF BIRTH <i>5-2</i>		9. AGE (In years last birthday) <i>52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>GROCERY</i>	11. BIRTHPLACE (State or foreign country) <i>LITHUANIA</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.-9</i>
13. FATHER'S NAME <i>NOT KNOWN</i>			14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>DANIEL MILLER - 2901 Ridgewood Ave</i>		
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>myocardial infarction</i> DUE TO ANTECEDENT CAUSES (B) <i>Hypertensive Heart Disease</i> DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>2-1</i> , 1950, to <i>2-16</i> , 1950, that I last saw the deceased alive on <i>2-16</i> , 1950, and that death occurred at <i>7:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Jerome Haber</i>		23B. ADDRESS <i>Sinai Hosp.</i>		23C. DATE SIGNED <i>2/16/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>2-17-50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON BLVD</i>	
24D. LOCATION (City, town, or county) <i>BALTO.</i>		24E. STATE <i>MD</i>		24F. COUNTY	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 17 1950</i>		REGISTRAR'S SIGNATURE <i>William Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Jack Lewis Inc - 2100 Eutaw Pl</i>	
VS 150 <i>15661 9500001381 93D</i>					

COPIES OF THE

1900

1900

1900

1900

1900

1900

1900

1900

1900

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1381

50 1381

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN J. MAZER

2. DATE
OF
DEATH

2-16-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

908 NEWINGTON AVE

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

908 NEWINGTON AVE

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

?

9. AGE (In year,
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CLERK

10B. KIND OF BUSINESS OR
INDUSTRY

OFFICE

11. BIRTHPLACE (State or foreign country)

BALTO. MD

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH MAZER

14. MOTHER'S MAIDEN NAME

MINNIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

ADDRESS

DORA HARRIS - 908 NEWINGTON AVE

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

4 hours

DUE TO

Chronic myocarditis

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Obesity

many
years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 Feb., 1950, to 16 Feb., 1950, that I last saw the
deceased alive on 16 Feb., 1950, and that death occurred at 1 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul St.

23C. DATE, SIGNED

16 Feb. '50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2-17-50

24C. NAME OF CEMETERY OR CREMATORY

WASH BLVD.

24D. LOCATION (City, town, or county)

WASH. BLVD - BALTO. (MD)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutan Pl

FEB 17 1950

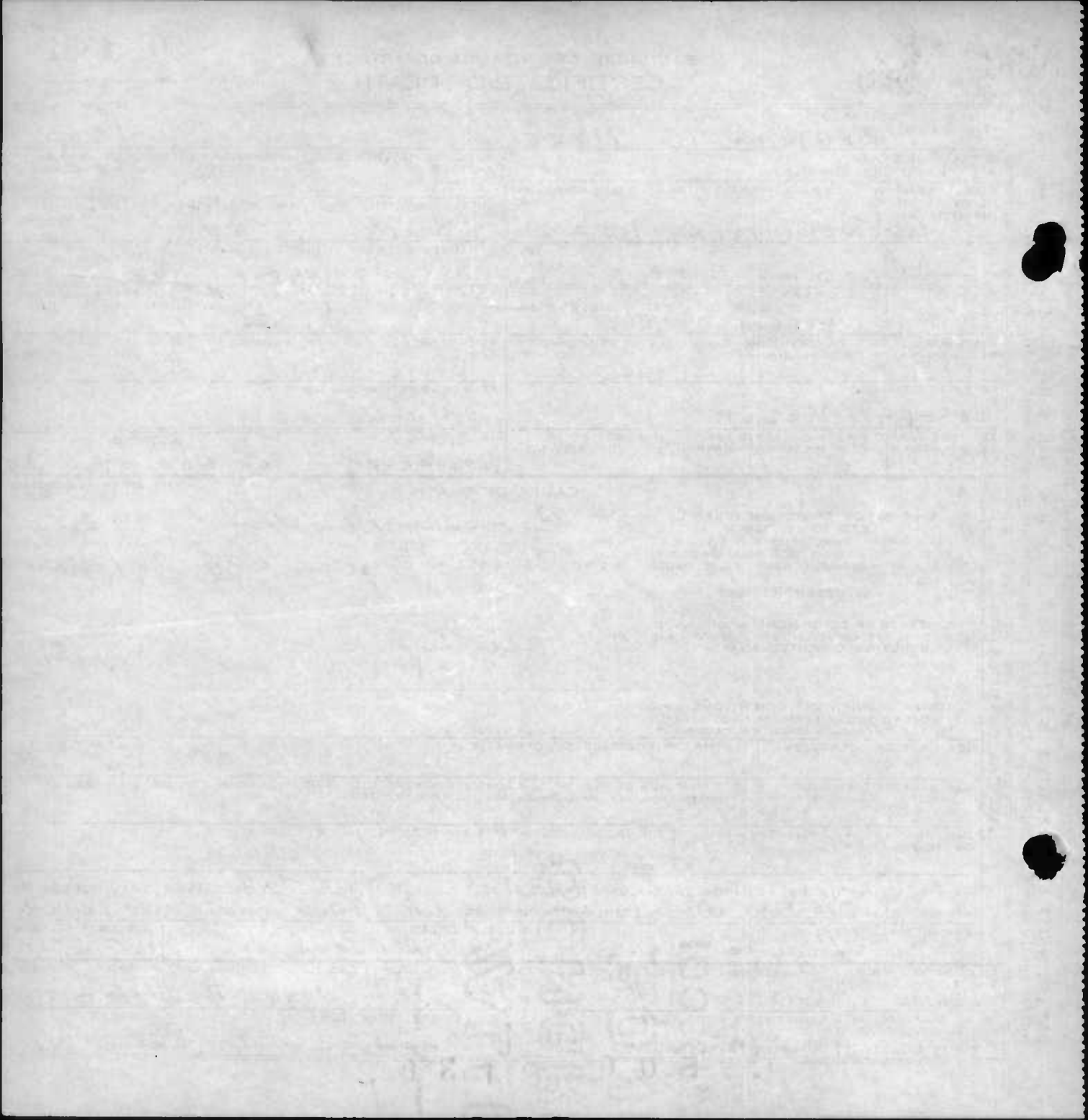
VS 150

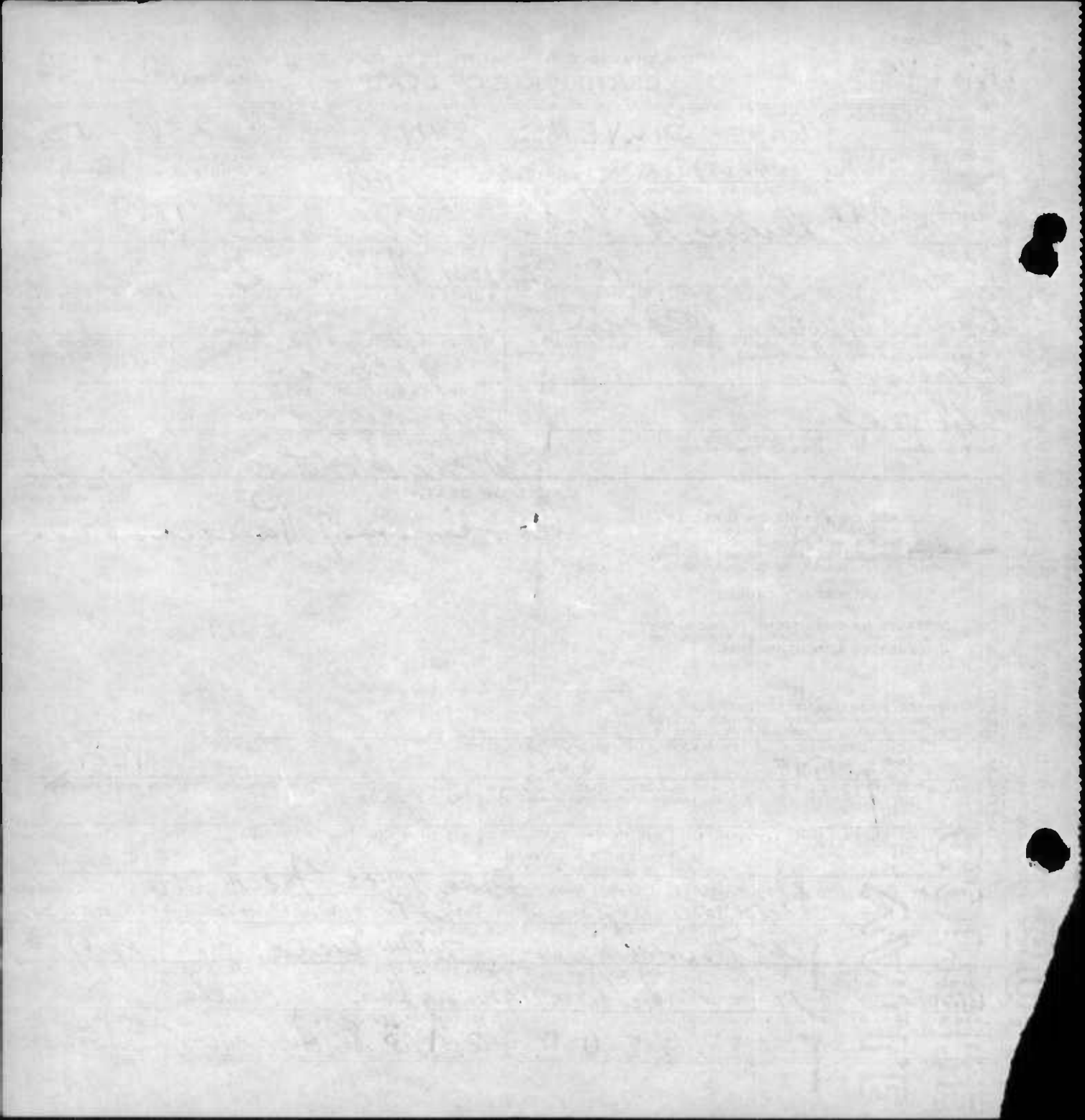
26699

105500

01382

93D





H-321

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1383

BIRTH NO. 50 1383

1. NAME OF DECEASED (Type or Print) <i>Louis Hadkov</i>		2. DATE OF DEATH <i>FEB 16 1950</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 8-05</i>	
c. Length of stay in Baltimore <i>36</i> Yrs. Mo Days		D. STREET ADDRESS (If rural, give location) <i>2423 C. Chase St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12-25-88</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>grocer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>self</i>	9. AGE (In years last birthday) <i>61</i>	11. BIRTH PLACE (State or foreign country) <i>Russia</i>
13. FATHER'S NAME <i>Joseph</i>		12. CITIZEN OF WHAT COUNTRY? <i>Not known?</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) Hypertensive Arteriosclerotic Heart Disease</i> DUE TO			INTERVAL BETWEEN ONSET AND DEATH <i>10+ years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i> DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>(C)</i>			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>12-8-48</i> to <i>2-16-50</i> , that I last saw the deceased alive on <i>2-16-50</i> , and that death occurred at <i>12:50</i> p.m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Philip J. Nagley</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>2-16-50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2-19-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hebrew Mt Carmel</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 17 1950</i>	REGISTRAR'S SIGNATURE <i>Wm. J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John Lewis</i> ADDRESS <i>2100 Entaw Pl</i>	

15661

93D

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1384 Registered No. 50 1384

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES H. BARTON

2. DATE
OF
DEATH

Feb. 14 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1829 Whitmore Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-03

C. Length of stay in Baltimore

86 yrs.

D. STREET ADDRESS (If rural, give location)

1829 Whitmore Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Aug. 7 1863

9. AGE (In years
last birthday)

86

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Ret. Carpenter

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Wk.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mr. Jean Paxton Halethys Ind

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebro-Vascular Accident

1 day

ANTECEDENT CAUSES

(B)

Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Simultaneous

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from Nov 49, to Feb 14, 1950, that I last saw the
deceased alive on Feb 14, 1950, and that death occurred at 10P m., from the causes and on the date stated above.

23A. SIGNATURE

Edward D. Halling

M. D.

23B. ADDRESS

1847 W. North Ave

23C. DATE SIGNED

2/16/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet Cem.

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R. L. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Beyer Jr 1512 Hollins St

FEB 17 1950

VS 150

308 V9

83a

Balt., 23 Md.

Hallam

1847 in March

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1385

BIRTH NO. 50 1385

1. NAME OF DECEASED
(Type or Print)

James William Childs

2. DATE
OF
DEATH

February 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

The Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

13-05

c. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3023 Elm Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 23 1912

9. AGE (In years
last birthday)

77

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

LABORER

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Childs

14. MOTHER'S MAIDEN NAME

Catherine Tussing

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

HATTIE B. CHILDS - 3023 Elm Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Adenocarcinoma of Rectum &
metastases

DUE TO

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-11-50

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma of rectum & hepatic metastases

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1950, to Feb 16, 1950, that I last saw the
deceased alive on Feb 16, 1950, and that death occurred at 3:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

W. F. Cox 324

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 20/50

24C. NAME OF CEMETERY OR CREMATORY

Chestnut Ridge

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. F. Cox 324

25. FUNERAL DIRECTOR

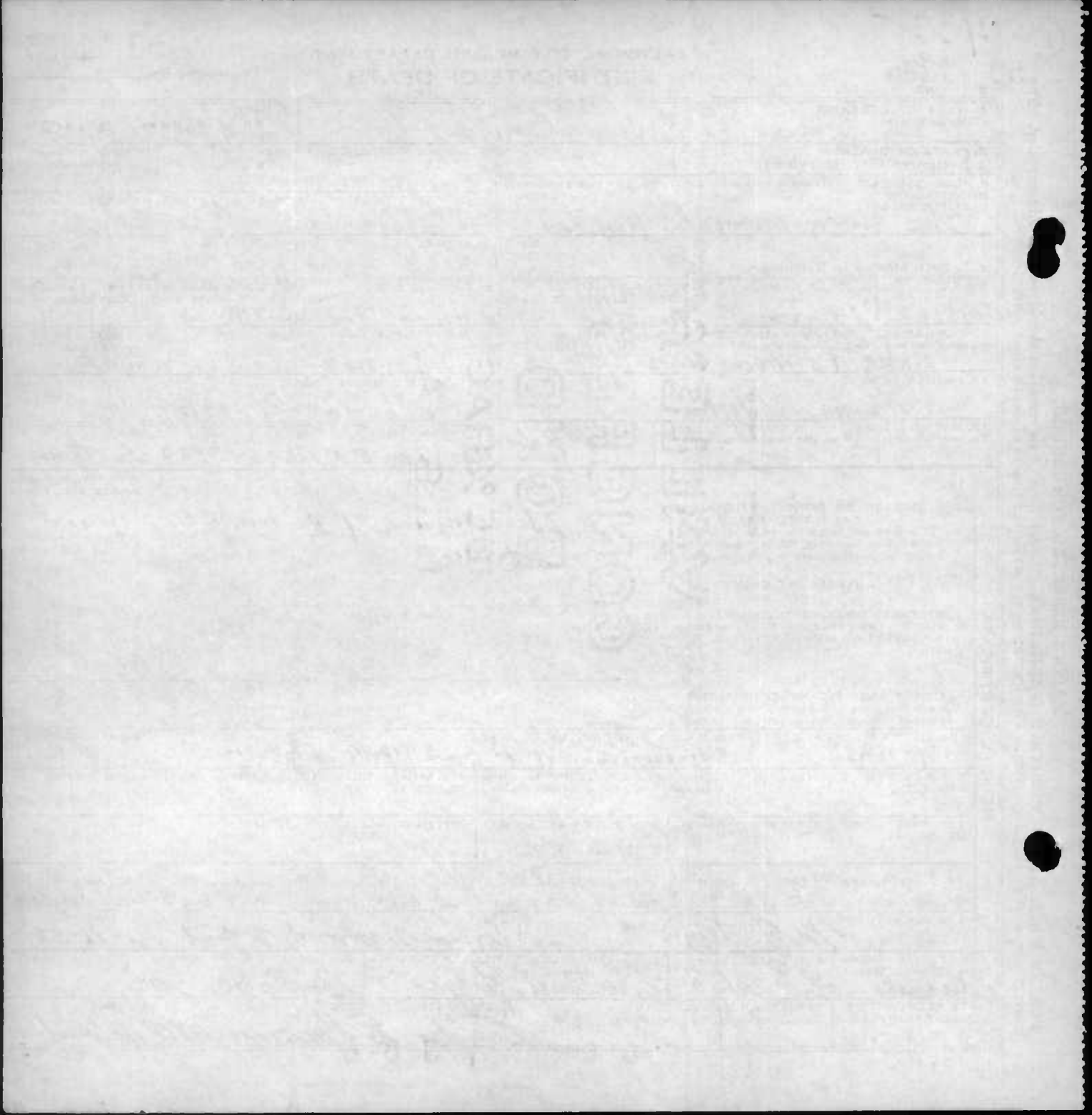
ADDRESS

Eustace B. Donovan 3818 Roland

FEB 17 1950

VS 150

461



S-530
50 1386BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE912.3 50 1386
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARION

SMITH

N-804.2

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1601 W. Franklin St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

May 21, 1906

9. AGE (In years last birthday)

43

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Crane Operator

10B. KIND OF BUSINESS OR INDUSTRY

Matheson Chemicals

11. BIRTHPLACE (State or foreign country)

Darlington

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas E. Smith

14. MOTHER'S MAIDEN NAME

Lelia Antun

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Pauline Brunson 832 Rutland St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fractured skull

~~XXXX~~ Subarachnoid hemorrhage
Crushed chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Compound fractured left femur
~~XXXX~~ Compound fractured left elbow
Fracture of left humerus

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Chemical Co.

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Matheison Chemical Co., Curtis Bay, Md.

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Feb. 15, 1950 11 P. m.

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Operating a crane on track, 30 ft. above
floor level, tracks broke and both fell to
floor22. I certify that I took charge of the remains described above, held an Insp. & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

H. J. Mc Clafferty

23B. CHIEF MEDICAL EXAMINER ☐ 23C. DATE SIGNED
M.D. ASSISTANT MEDICAL EXAMINER ☒ Feb. 16, 1950
MEDICAL INVESTIGATOR ☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 18, 1950

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Florence S. C.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott & Daughter

VS 151

35817

176

12.9 N. Caroline St.

L-200

50 1387

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1387

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward Lewis

2. DATE
OF
DEATH

FEB 12 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-02

D. STREET ADDRESS (If rural, give location)

203 Colwin St.

c. Length of stay in Baltimore

5. SEX

male colored

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

D.

8. DATE OF BIRTH

12-12-83

9. AGE (In years last birthday)

66

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Petersburg Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cirrhosis of liver due to

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

obstruction of inf. vena cava (W.W.W.)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-9-1950 to 2-12-1950, that I last saw the deceased alive on 2-12-1950, and that death occurred at 7:25 pm, from the causes and on the date stated above.

23A. SIGNATURE

William W. Winterkill

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18 1950

24C. NAME OF CEMETERY OR CREMATORY

Smt. Calvary Cem

24D. LOCATION (City, town, or county)

A. A County Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

William W. Winterkill

25. FUNERAL DIRECTOR

Mrs. Robert A. Ellis-Dugan 1129 N. Caroline St.

ADDRESS

CERTIFICATE OF DEATH

Decedent's name

Place of birth

1-13-10

Witnessed by

1-13-10

I-620

IRACI

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1388

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph D. Iraci

2. DATE
OF
DEATH

FEB 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1935 Victory Dr.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-24-18

9. AGE (in years
last birthday)

32

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Inspector

10B. KIND OF BUSINESS OR
INDUSTRY

Westinghouse Elec. Co.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Salvatore Iraci

14. MOTHER'S MAIDEN NAME

Marie Imamunale

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

401.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial De compensation

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Rheumatic Myocarditis,
active with fever

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 2-8-50, 1950, to 2-17-50, 1950, that I last saw the
deceased alive on 2-17-50, 1950, and that death occurred at 1:15 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas N. Johns

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

removal

24B. DATE

2/17/50

24C. NAME OF CEMETERY OR CREMATORY

New York

24D. LOCATION (City, town, or county)

New York, New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

Wm. Cook, Inc., 1217 St. Paul Street

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook, Inc., 1217 St. Paul Street

VS 150

49635

93C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

27079

Letter in document file. 50-1388- 3/31/50

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1389

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry K. Kayson

2. DATE
OF
DEATH

Feb. 16 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

O. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S M maiden name

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from June 1949 to 2-16-50, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at 12A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

V-252
50 1390 4-75699

E 8900 50 1390

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		EUGENE VAGENOS		2. DATE OF DEATH		February 15, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)				Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location)				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)				Baltimore	
Baltimore City Hospital				D. STREET ADDRESS (If rural, give location)				306 S. Grundy Street	
c. Length of stay in Baltimore		Yrs. Mos. Days		8. DATE OF BIRTH		9. AGE (In years last birthday)		If Under 1 Year Months: Days Hours: Min.	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		April 1947		2 3	
Male		White							
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country)	
								Balto. Md.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME				12. CITIZEN OF WHAT COUNTRY?	
MIKE VAGENOS				Rita				✓	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS	

18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
(A) Asphyxiation					
DUE TO carbon monoxide					
ANTECEDENT CAUSES					
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
DUE TO					
(C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
		home		306 S. Grundy Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
2-15-50		? A.m.		Five burners on stove on but unlit	
22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED	
Dr. J. M. Clafferty				2-15-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2-17-50		Greek Cove	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	
FEB 17 1950		Huntington Williams, M.D.		Lambros Inc 440 E. North	
VS 151		1390		178a	

CONTINUATION OF DEATH

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1391

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN L Thom

2. DATE
OF
DEATH

16 Feb 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

2706 N. Calvert St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2706 N. Calvert St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

Sept. 17, 1863

9. AGE (In years
last birthday)

86

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School Teacher rtd

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Nathaniel J. Thom

14. MOTHER'S MAIDEN NAME

Mary Joslin

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT ADDRESS
Mrs. Ruth T. Aman 2706 N. Calvert St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Hypertensive Cardiovascular
disease*

DUE TO

20 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C)
DUE TO

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan*, 1948, to *16 Feb*, 1950, that I last saw the
deceased alive on *14 Feb*, 1950, and that death occurred at *11 PM*, from the causes and on the date stated above.

23A. SIGNATURE

Paul H Royce

M. D.

23B. ADDRESS

Pikesville 8 md

23C. DATE SIGNED

*16 Feb 50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/16/50

24C. NAME OF CEMETERY OR CREMATORY

Lowell

24D. LOCATION (City, town, or county) (State)

Lowell, Mass.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS Balto., Md.

FEB 17 1950

1950 0001392 93D

5009

M-600
50 1392

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1392

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) CARRIE WARNER MURRAY		2. DATE OF DEATH 2-15-50
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2219 Pelham Avenue
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		8. DATE OF BIRTH Mar. 29, 1877
10B. KIND OF BUSINESS OR INDUSTRY at home		9. AGE (In years last birthday) 72
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Brown		14. MOTHER'S MAIDEN NAME Mary Lee
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none
17. INFORMANT 2219 Pelham Avenue - 13 Mr. Arthur B. Murray		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Heart Failure		24 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic heart disease		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 2-6-50	19B. MAJOR FINDINGS OF OPERATION Chronic cholecystitis	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 2-6-50 , to 2-15-50 , that I last saw the deceased alive on 2-15-50 , and that death occurred at 6:30 p.m. , from the causes and on the date stated above.		
23A. SIGNATURE [Signature]	23B. ADDRESS 1213 Light St.	23C. DATE SIGNED 2-15-50
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 2/18	24C. NAME OF CEMETERY OR CREMATORY Abington Cemetery
24D. LOCATION (City, town, or county) (State) Harford County, Md.		
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR ADDRESS HENRY SANDER & SONS, INC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

MEMORANDUM FOR THE DIRECTOR

DATE: 10/1/54
TO: DIRECTOR
FROM: SAC, NEW YORK
SUBJECT: [illegible]

RE: [illegible]
[illegible]
[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1393 Registered No. 422.1 50 1393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James A. Carr

2. DATE
OF
DEATH

2/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE Maryland B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1102 S. Carey St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1102 S. Carey St.

c. Length of stay in Baltimore

4 yrs

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9/2/1860

9. AGE (In years last birthday)

89

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Car Builder

10B. KIND OF BUSINESS OR INDUSTRY

BLORK

11. BIRTHPLACE (State or foreign country)

Harford Co.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Amos Carr

14. MOTHER'S MAIDEN NAME

Mary Lancheater

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes ☒ No ☐ Unknown ☐

16. SOCIAL SECURITY NO.

—

17. INFORMANT

Mrs Leona Burns 1102 S. Carey St.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial degeneration

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Myocarditis

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Arteriosclerosis

Arthritis of spine, hip, etc.

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-15, 1950, to 2-16, 1950, that I last saw the deceased alive on 2-15, 1950, and that death occurred at 10 A. m., from the causes and on the date stated above.

23. SIGNATURE

John P. Unruh, Jr.

23B. ADDRESS

1227 Wash Blvd

23C. DATE SIGNED

2-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Baldwin Mem. Cem.

24D. LOCATION (City, town, or county)

Train Highway

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

John F. Cowan & Son

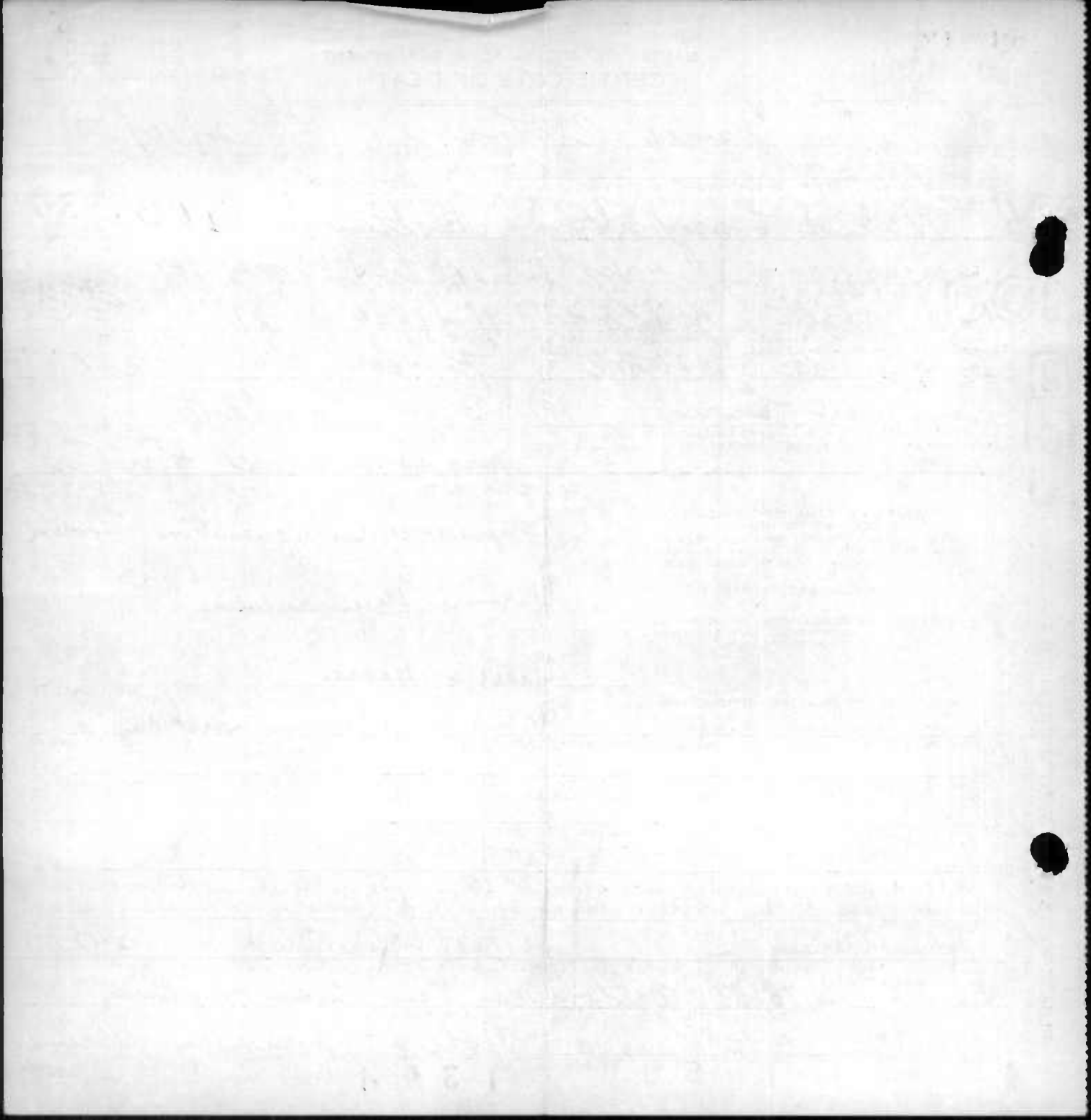
ADDRESS

9301 Hollins St.

VS 150

09500001304

93c



W-460
50 1394BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1394
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bridget T. Weiler

2. DATE
OF
DEATH

2/15/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1008 W. Pratt St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-03

D. STREET ADDRESS (If rural, give location)

1008 W. Pratt St.

c. Length of stay in Baltimore

45 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/24/1979

9. AGE (In years
last birthday)

70

If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Ireland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Noonan

14. MOTHER'S MAIDEN NAME

Ellen Murray

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mr Thomas D. Noonan

ADDRESS

1008 W. Pratt St.

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of Stomach

INTERVAL BETWEEN
ONSET AND DEATH

6 m

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes Mellitus

10 years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from THURSDAY 1948 to Feb 15, 1950, that I last saw the
deceased alive on Feb 15, 1950 and that death occurred at 90 m., from the causes and on the date stated above.

23A. SIGNATURE

J. McCall

M. D.

23B. ADDRESS

3321 Frederick Ave

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

4300 Old Frederick Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

9011 St.

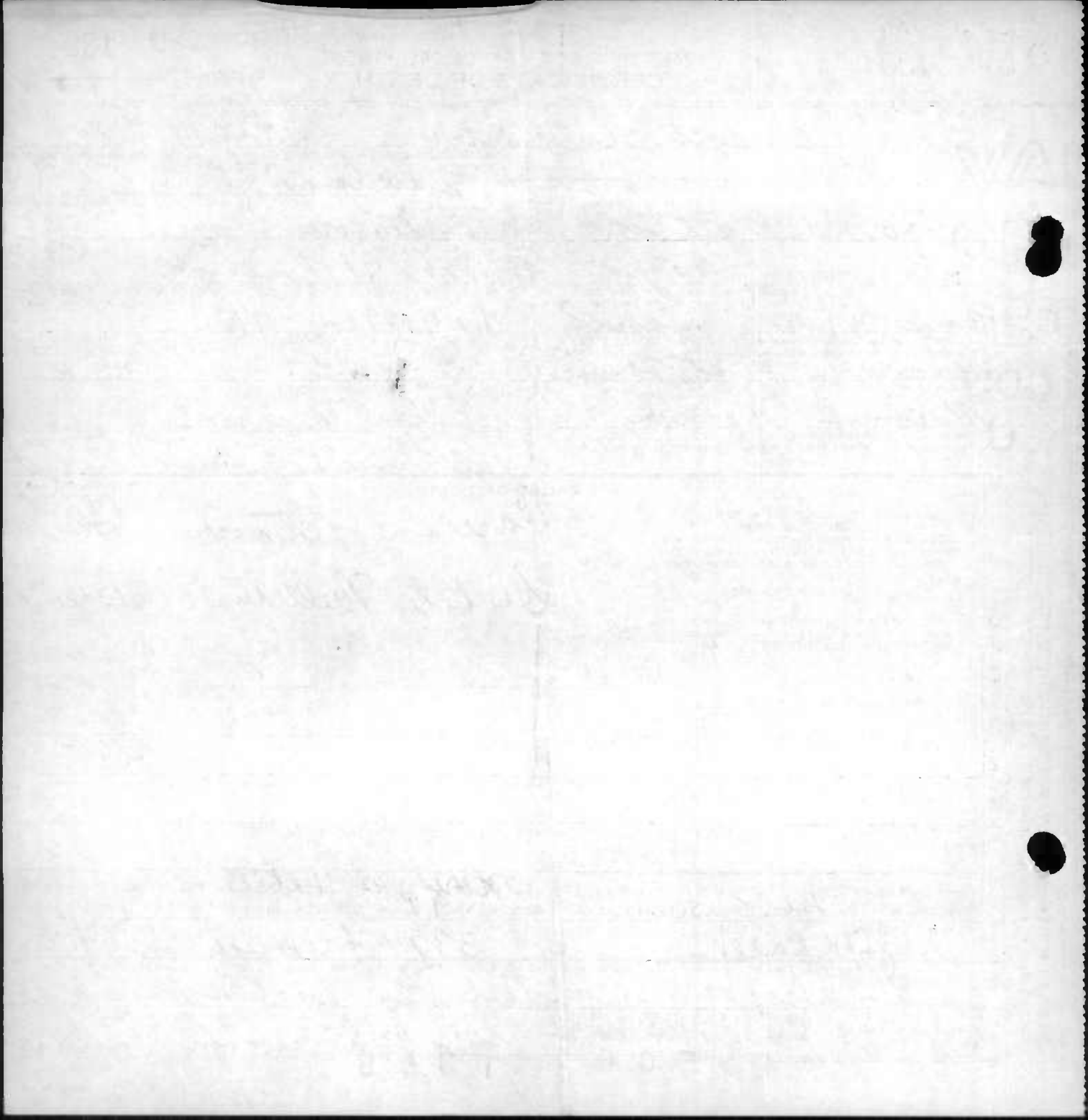
FEB 17 1950

VS 150

1950 FEB 17

300

46B



PLEASE WRITE PRECISELY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-524
50 1395

RANSLEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

443 50 1395
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian E Ransley

2. DATE
OF
DEATH

Feb 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

The Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

12-03

D. STREET ADDRESS (If rural, give location)

2504 N Calvert St

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 1, 1883

9. AGE (In years last birthday)

67

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

-no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Emma Rose Ransley

ADDRESS

2504 N Calvert St.

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebro Vascular Accident

INTERVAL BETWEEN ONSET AND DEATH

9 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive Cardiovascular disease

?

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *Feb 16*, 19*50*, to *Feb 17*, 19*50*, that I last saw the deceased alive on *Feb 17*, 19*50*, and that death occurred at *5:15 Am.*, from the causes and on the date stated above.

23A. SIGNATURE

Richard R. Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

2-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

FEB 17 1950

1396

93D

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

On the _____ day of _____ 19____

at _____

1360

R-230
50 1396BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH420.1 50 1396
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie E. Richetta

2. DATE
OF
DEATHFeb 15th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5107 Ardmore Way

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Koelbel 5107 Ardmore Way

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Crown Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

8 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELAT-
IVE TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Malignant Hypertension

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 10, 1950, to Feb 14, 1950, that I last saw the
deceased alive on Feb 10, 1950, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Feb 18th 1950

Holy Redeemer Cem. Belair Road

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

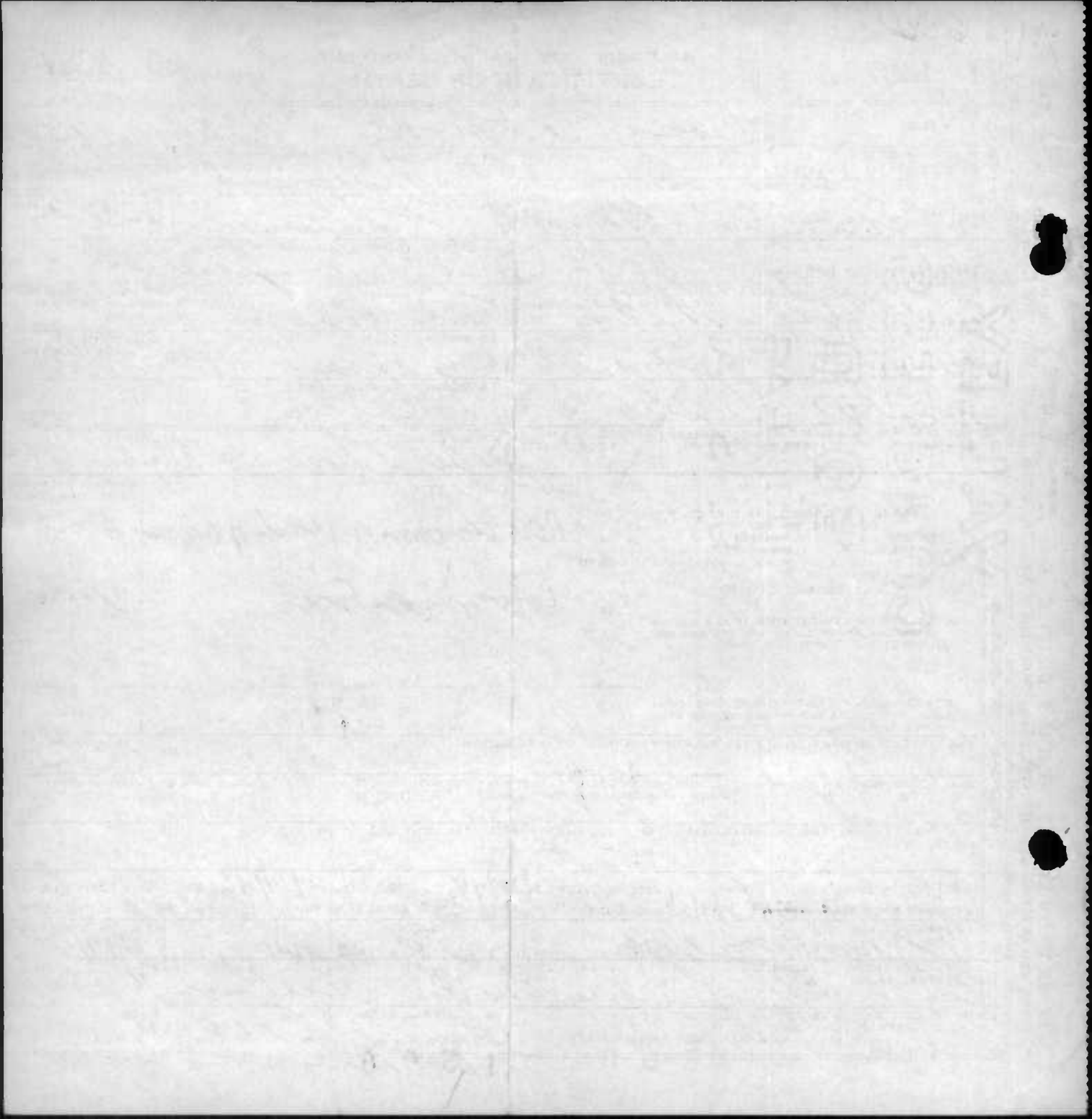
Wm. J. Williams

Lep. J. J. 1703 N. Patterson Park Ave

STATE OF OHIO
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERIFICATE OF DEATH

Dr Lachman 4930 Belair Rd

4812



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 1398

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Thomas

2. DATE
OF
DEATH

2-13-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

38

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1016 St. Fayette St.

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 4, 1897

9. AGE (In years

55

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

born

10B. KIND OF BUSINESS OR INDUSTRY

Gas Light Co.

11. BIRTHPLACE (State or foreign country)

Annapolis, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Thomas

14. MOTHER'S MAIDEN NAME

Alice Queen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Florabel Bradford St. Fayette St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

metastatic Carcinoma of Liver

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Site of origin Undetermined

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1-28-50

19B. MAJOR FINDINGS OF OPERATION

metastatic Carcinoma of Liver

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-10, 1950, to 2-13, 1950, that I last saw the deceased alive on 2-13, 1950, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William J. Holloway

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 15, 1950

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county)

Baltimore Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

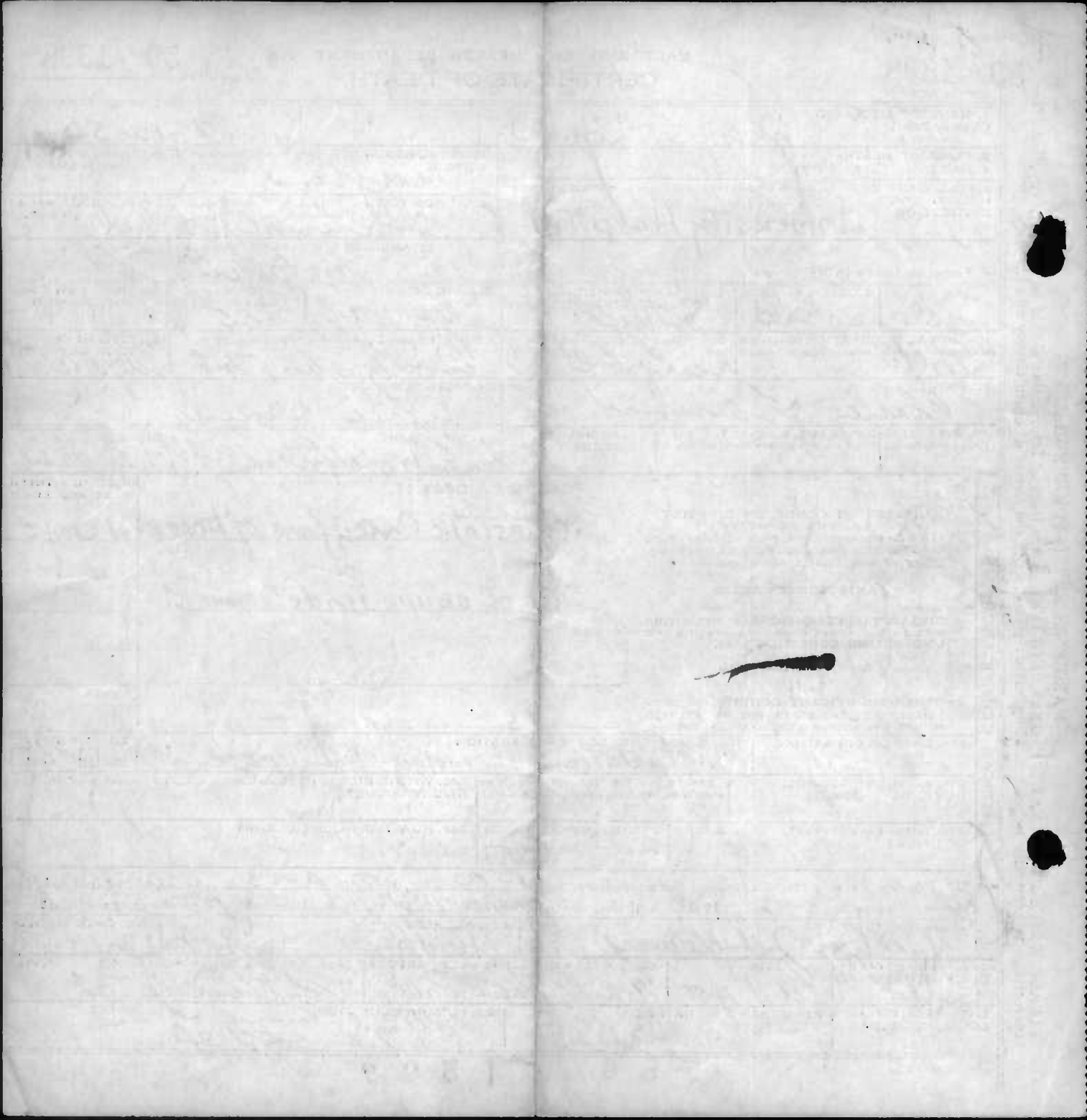
FEB 17 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home
1651 Druid Hill Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1399

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Estella May Naylor N-820.0

2. DATE
OF
DEATH

2-14-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-046

D. STREET ADDRESS (If rural, give location)

5918 Bertram Ave.

c. Length of stay in Baltimore

81

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 12, 1869

9. AGE (In years last birthday)

80

If Under 1 Year

Months

If Under 24 Hours

Hours

10a. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jesse Brooks

14. MOTHER'S MAIDEN NAME

Mary McCauley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or ookoowo)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Patient

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

Generalized arteriosclerosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

2-14-50

19b. MAJOR FINDINGS OF OPERATION

INTERTROCHANTERIC FRACTURE

CHIEF OR ASST. MEDICAL EXAMINER.

LEFT HIP

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5918 Bertram Ave., Balto. 27/44

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb 8th 50 A m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Patient fell while climbing stairs

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 2-14-1950, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE

Marshall Harrison, Jr., M.D.

23b. ADDRESS

Union Memorial Hospital

23c. DATE SIGNED

2-14-50

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

Feb. 18-1950

24c. NAME OF CEMETERY OR CREMATORY

St. Mary's Amboden

24d. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 15 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Burgee Funeral Home 3631 Fell Rd

ADDRESS

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that *John A. Smith* of the County of Dallas, State of Texas, for and in consideration of the sum of *Five Hundred Dollars* to him in hand paid by *John B. Jones*, the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said *John B. Jones*, his heirs and assigns forever, all that certain *Tract of Land* containing *Five Acres* more or less, situated in the County of Dallas, State of Texas, and being the same as is more fully described in the instrument of conveyance to him by the said *John A. Smith*, bearing date this *10th* day of *April*, 19*00*, and which is for record in the County Clerk's Office of the County of Dallas, State of Texas, in Book *100*, Page *100*.

And the said *John A. Smith* covenants and warrants unto the said *John B. Jones*, his heirs and assigns forever, that he, the said *John A. Smith*, is the lawful owner of the above described premises, and that he has good right to sell the same, and that he is not subject to any lien or claim of any person, and that he has no interest in any other person's land, and that he has no interest in any other person's land, and that he has no interest in any other person's land.

And the said *John A. Smith* covenants and warrants unto the said *John B. Jones*, his heirs and assigns forever, that he, the said *John A. Smith*, is the lawful owner of the above described premises, and that he has good right to sell the same, and that he is not subject to any lien or claim of any person, and that he has no interest in any other person's land, and that he has no interest in any other person's land, and that he has no interest in any other person's land.

And the said *John A. Smith* covenants and warrants unto the said *John B. Jones*, his heirs and assigns forever, that he, the said *John A. Smith*, is the lawful owner of the above described premises, and that he has good right to sell the same, and that he is not subject to any lien or claim of any person, and that he has no interest in any other person's land, and that he has no interest in any other person's land, and that he has no interest in any other person's land.

BALTIMORE CITY HEALTH DEPARTMENT
 CERTIFICATE OF DEATH

50 1400 Registered No. 443

BIRTH NO. 50 1400

1. NAME OF DECEASED (Type or Print) *Stiddia Palmer.*

2. DATE OF DEATH *2/15/50*

3. PLACE OF DEATH:
 A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
 A. STATE *md.* B. COUNTY *city*

B. FULL NAME OF HOSPITAL OR INSTITUTION *928-Madison Ave.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Baltimore 11-04*

D. STREET ADDRESS (If rural, give location) *928-Madison Ave.*

5. SEX *M.* 6. COLOR OR RACE *Col.* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *May 2 1880* 9. AGE (In years last birthday) *69* 10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) *Housewife* 10B. KIND OF BUSINESS OR INDUSTRY *own home*

11. BIRTHPLACE (State or foreign country) *N.C.* 12. CITIZEN OF WHAT COUNTRY? *U.S.C.*

13. FATHER'S NAME *Prince Bradley.* 14. MOTHER'S MAIDEN NAME *Fannie ?*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give branch and dates of service) *no* 16. SOCIAL SECURITY NO. *none* 17. INFORMANT *Chum Palmer* ADDRESS *928-Madison Ave.*

18. CAUSE OF DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Hypertensive Heart Disease* DUE TO

INTERVAL BETWEEN ONSET AND DEATH *years*

II ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) *Ischemic Corone*

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Sept 1949* to *February 1950*, that I last saw the deceased alive on *Feb 13, 1950*, and that death occurred at *8:00 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE *James Quian* 23B. ADDRESS *1307 Madison Avenue* 23C. DATE SIGNED *2/17/50*

24A. FUNERAL, CREMATION, REMOVAL (Specify) *Shipped* 24B. DATE *2/18/50* 24C. NAME OF CEMETERY OR CREMATORY *Rocky Mount, N.C.* 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR *FEB 17 1950* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* FUNERAL DIRECTOR *W. Halstead* ADDRESS *9/8 -*

4500939 1400 Will Crest

MARGIN RESERVED FOR BINDING

WRITE PHOTOCOPY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The age is especially important. Physicians: please write the causes of death clearly and legibly.

02/21/8

St. John's, N. B.

1. Col. 18 inches long 18

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1401

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Randolph Curtis, Sr.

2. DATE
OF
DEATH

Feb. 14, 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

Provident Hospital.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore, Md.

D. STREET ADDRESS (If rural, give location)

1713 Edmondson Ave.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 8, 1904

9. AGE (in years
last birthday)

45

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Waiter - B.O. RR.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles R. Curtis, Sr.

14. MOTHER'S MAIDEN NAME

Daisy Combs.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ida Curtis, 1713 Edmondson Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Coronary Occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 2/14/50 to 2/14/50, that I last saw the
deceased alive on 2/14/50, and that death occurred at 9 p.m., from the causes and on the date stated above.

23A. SIGNATURE

John H. Holmes

M. D.

23B. ADDRESS

Provident Hosp.

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

Huntington Williams, Jr.

Mrs. Ida Williams

3229

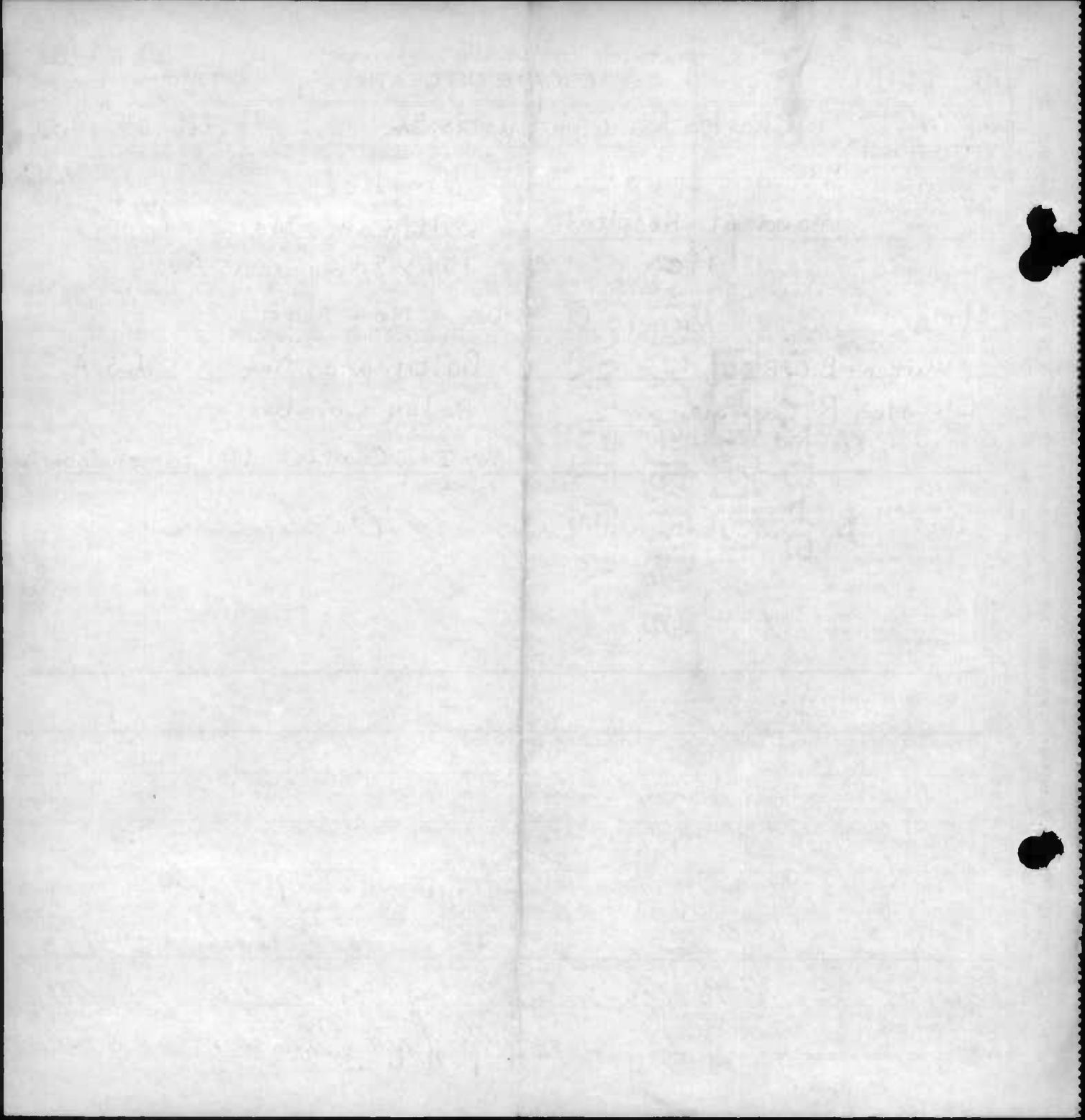
VS 150

78047

19500

1401

94a



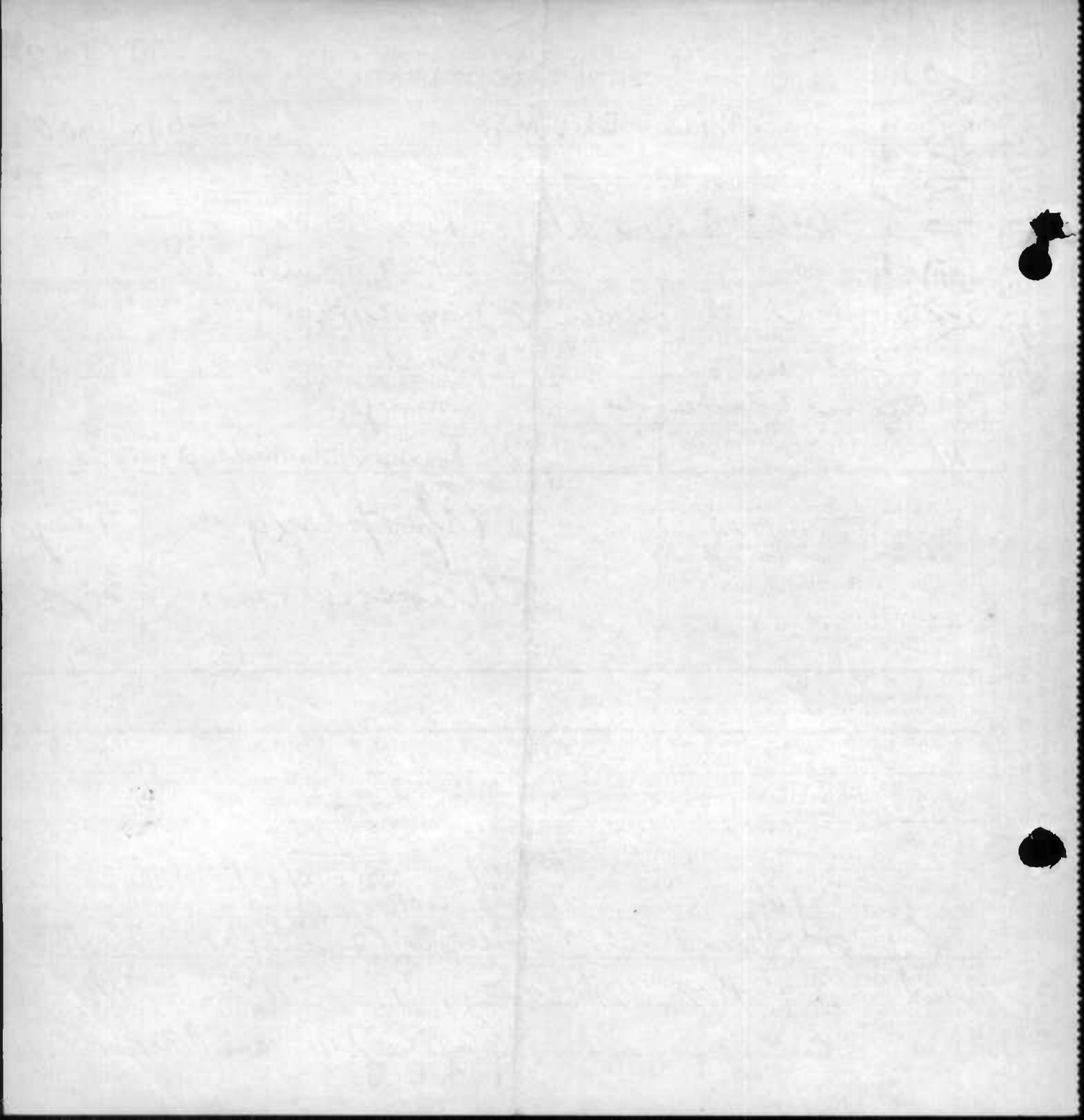
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1402

50 1402

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		William Edwards.		Feb. 13, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION 2427 Hudson St.		C. CITY OR TOWN (If outside corporate limits, write IF RURAL and give township) Baltimore 2500 3A			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2427 Hudson St.			
5. SEX Male	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 12, 1874-75	9. AGE (In years last birthday)	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Edwards.		14. MOTHER'S MAIDEN NAME Mary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Louisa Edwards, 2427 Hudson St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Asphyx		CAUSE OF DEATH Anteroseclerosis		INTERVAL BETWEEN ONSET AND DEATH 7 days 3 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A). STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/6/50, 1950, to 2/13/50, 1950, that I last saw the deceased alive on 2/11/50, 1950, and that death occurred at 2:40 P.M., from the causes and on the date stated above.					
23A. SIGNATURE J. B. Hartman		M. D.		23B. ADDRESS 450 W. Biddle St.	
23C. DATE SIGNED 2/14/50					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-17-1950		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) (State) Balto. Md.					
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1950		REGISTRAR'S SIGNATURE Huntington Williams		FUNERAL DIRECTOR Mrs. Fatic R. Williams	
				ADDRESS 392 N. Schroeder St.	



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1403

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Eberly

2. DATE
OF
DEATH

2/15/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN. (If outside corporate limits, write RURAL and give township)

Baltimore City 13-05

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

621 West 33rd St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

2/15/1905

9. AGE (In years last birthday)

45

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Emerson Hotel

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel L. Eberly

14. MOTHER'S MAIDEN NAME

Estelle Holladay

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

220-65-2735

17. INFORMANT

May Gibson 621 W. 36th St

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A) Acute circulatory collapse
DUE TO coronary occlusion
long standing congestive heart failure(B) Rheumatic aortic and mitral valvular disease
DUE TO and

(C) Arteriosclerotic heart disease

Hypertensive cardiovascular disease
congestion lungs liver

INTERVAL BETWEEN ONSET AND DEATH

6 hrs

unknown

unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1950 to 2-15, 1950 that I last saw the deceased alive on 2-15, 1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louisa Candler

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

2/15/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 19/1950

24C. NAME OF CEMETERY OR CREMATORY

Riverview

24D. LOCATION (City, town, or county)

Strasburg, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

Winnington Williams, M.D.

25. FUNERAL DIRECTOR

Fred. H. Cole 1919 W. Balto. St

ADDRESS

FEDERAL BUREAU OF INVESTIGATION

DATE



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1404

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LEO

P.

KELLY

2. DATE
OF
DEATH

February 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

John J. Kelly

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

8. DATE OF BIRTH

Sept. 15, 1896 53

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

14. MOTHER'S MAIDEN NAME

Briget Fahey

17. INFORMANT

ADDRESS

John Kelly 453 W. 24th st.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic Alcoholism

DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
m. WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. L. Williams*23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
MEDICAL INVESTIGATOR ☒23C. DATE SIGNED
2-16-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

FEB. 18-1950

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Chas. G. Evans, Son, Inc.

VS 151

98899

94a

114 W. Mount Royal ave.

H-523
50 1405HENST
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH331
50 1405
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Florence Hengst

2. DATE OF DEATH Feb 15 1950 6 P M

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3520 N. Hilton Rd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Md B. COUNTY Balt

B. FULL NAME OF HOSPITAL OR INSTITUTION

60 Shriners Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-18

c. Length of stay in Baltimore

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
3609 Hayward Ave

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

Aug 31 1861

9. AGE (In years, last birthday)

88

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Providence, R.I.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Elizabeth Moran 3609 Hayward Ave

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cerebral Hemorrhage
+ Paralysis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 days

P

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg, etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 12 1950, to Feb 15 1950, that I last saw the deceased alive on Feb 15 1950, and that death occurred at 6 P M., from the causes and on the date stated above.

23A. SIGNATURE

Walter L. Hilbert

23B. ADDRESS

2220 Garrison Rd

23C. DATE SIGNED

Feb 17 50

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18 50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Loring Byers 505 Ph. 4750

ADDRESS

83a

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Fadenick
1 Trans for Sigmund
Dec. 18, 1949

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1406

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(MARSHALL)

MARSHANIE

OLIVER

2. DATE
OF
DEATH

February 13, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

514 Norriss Street

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

514 Norriss Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3/2/1925

9. AGE (In years
last birthday)

24

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H W

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Atlantic Ga

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Bryant Johnson

14. MOTHER'S MAIDEN NAME

Loretta Phyllis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Edward Oliver 514 Norriss St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Ruptured ectopic pregnancy, left tube

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

2-14-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24D. LOCATION (City, town, or county)

A.A. Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

R S Fisher

25. FUNERAL DIRECTOR

ADDRESS

Isiah L Brown 108 W Montg omery

FEB 17 1950

VS 454

ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UN-FADE INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY, HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Laughlin

2. DATE OF DEATH

2/16/50

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland 20-08

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore - 29

c. Length of stay in Baltimore

Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

3537 Old Frederick Rd.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/25/1862

9. AGE (In years last birthday)

87 88

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Lemuel Hardy (de'd)

14. MOTHER'S MARDEN NAME

Georgianna Clark (de'd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

Janet S. Laughlin

ADDRESS

Same

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage, it.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Atherosclerotic Hypertensive CVD

(C)

INTERVAL BETWEEN ONSET AND DEATH

7 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/10, 1950, to 2/16, 1950, that I last saw the deceased alive on 2/16, 1950, and that death occurred at 12 noon from the causes and on the date stated above.

23A. SIGNATURE

Herbert J. Derickas

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

2/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-18-50

24C. NAME OF CEMETERY OR CREMATORY

Landon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

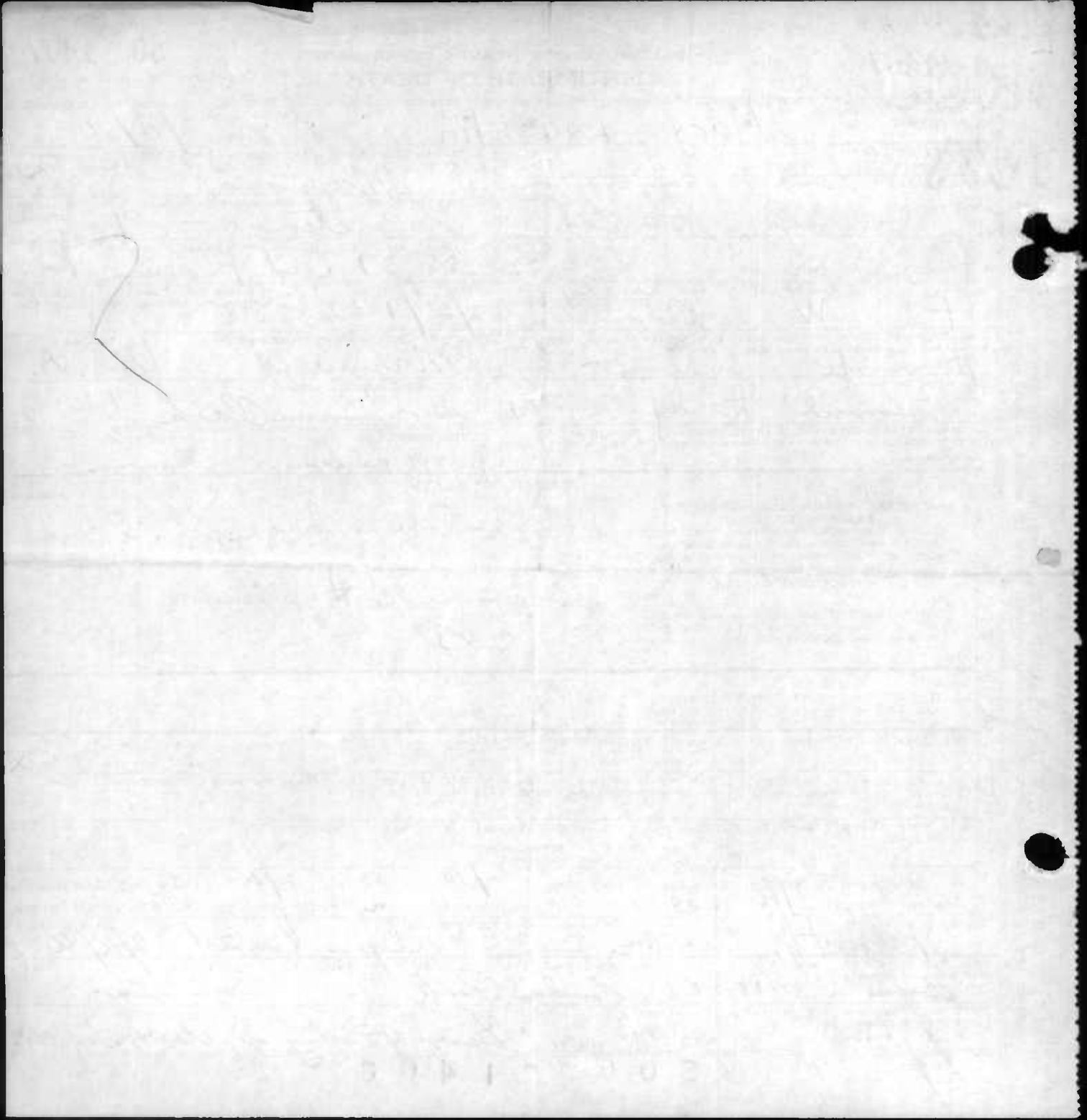
George D. Farley - Dulles Funeral Home

ADDRESS

VS 150

1500001400

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

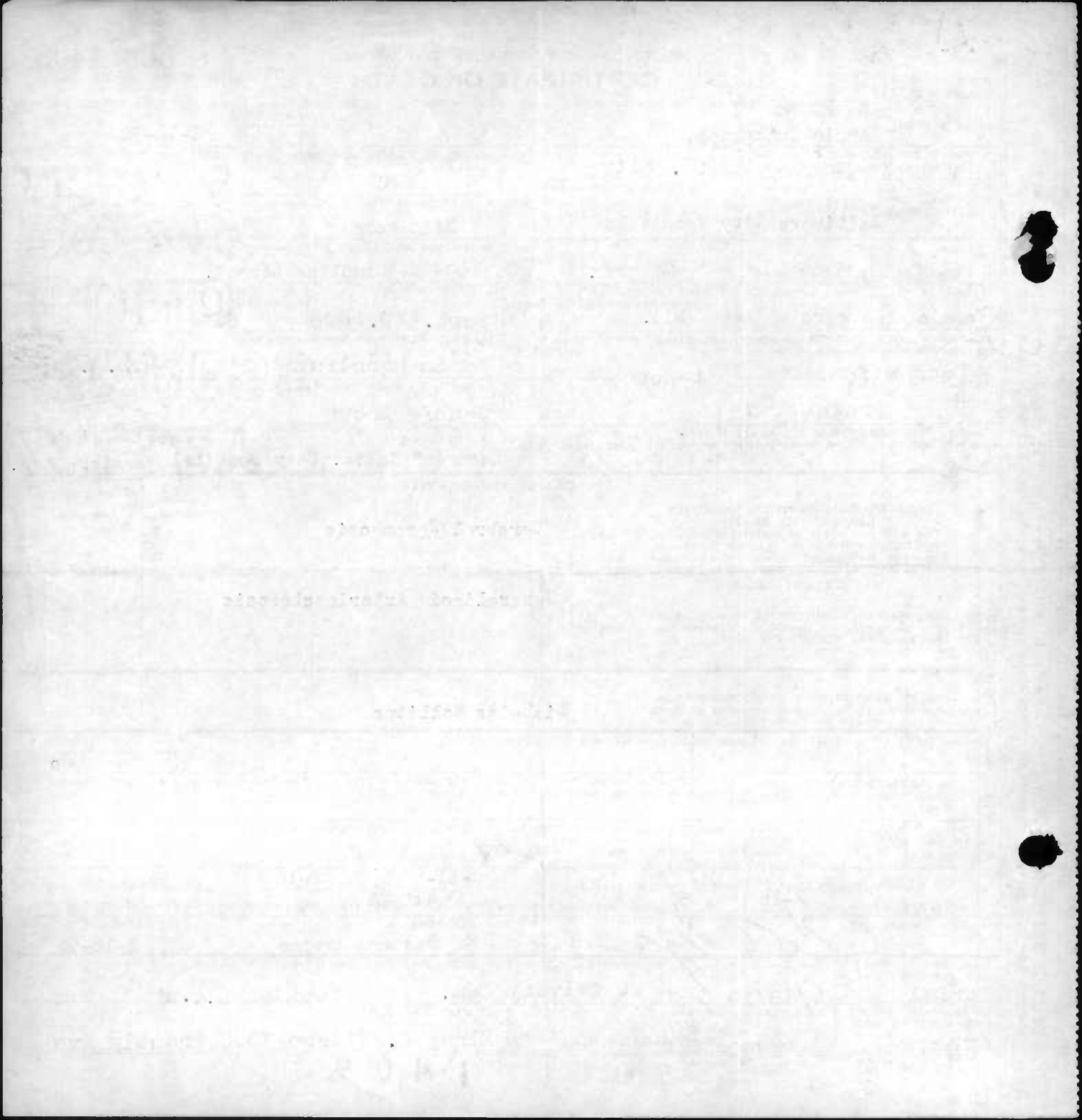
Registered No. 50 1408

BIRTH NO. 1408

1. NAME OF DECEASED (Type or Print) Annie Cutchbuer,			2. DATE OF DEATH 2-16-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
c. Length of stay in Baltimore 46 yrs.			D. STREET ADDRESS (If rural, give location) 439 N. Caroline Street.		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Wid.	8. DATE OF BIRTH Sept. 7 19. 1898		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME P Brown			14. MOTHER'S MAIDEN NAME Jennie Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 4940 Records* Balto. City Hospitals Eastern Ave.		

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis		
DUE TO		
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized Arteriosclerosis		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Diabetes Mellitus		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 2-11- 19 50 to 2-16 19 50 , that I last saw the deceased alive on 2-16 19 50 , and that death occurred at 4:15 A.M. from the causes and on the date stated above.				
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 2-16-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/18/1950	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn A.A. Md	
DATE RECEIVED BY LOCAL REGISTRAR FEB 17 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

50 1409

Registered No.

50 1409

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Jenkins

2. DATE
OF
DEATH

FEB 16 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore City

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore 6-04

D. STREET ADDRESS (If rural, give location)

1826 Orleans St

c. Length of stay in Baltimore

Unknown

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

3-11-82

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Longshoreman

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry Jenkins

14. MOTHER'S MAIDEN NAME

Polly ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage, left

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular
disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 2-15, 1950, to 2-16, 1950, that I last saw the
deceased alive on 2-16, 1950, and that death occurred at 1:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Winterink

M. O.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 16, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1950

24C. NAME OF CEMETERY OR CREMATORY

Calvary Cem.

24D. LOCATION (City, town, or county)

Brooklyn A.A.Co.Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

Huntington Williams

Elroy O. Wilson 1000 Brantly Ave

VS 150

90657

1410

937

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

IN SENATE
JANUARY 18, 1881

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR 1880

ALBANY:

1881

PRINTED BY

W. H. BROWN

ALBANY

1881

W. H. BROWN

ALBANY

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1410

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IRENE AMELIA MUELLER

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

3702 Barrington Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3702 Barrington Rd.

c. Length of stay in Baltimore

Life--

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

June 29, 1893

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George E. Cook

14. MOTHER'S MAIDEN NAME

Amelia Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mr. Charles H. Mueller

ADDRESS

3702 Barrington Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Edema

DUE TO

16 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive C.V. - Cardiac Failure

DUE TO

24 hrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Hypertension, treated by surgery

2 yrs -

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1949, to Feb. 16, 1950, that I last saw the
deceased alive on Feb. 15, 1950, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Ellsworth Cook

M. D.

23B. ADDRESS

2431 Maryland Ave

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 17 1950

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto. Md.

CERTIFICATE OF DEATH

STATE OF NEW YORK

1911



1111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **64°50 1411**BIRTH NO. **50-03056**1. NAME OF DECEASED
(Type or Print)**Alonzo Roper Jr.**2. DATE
OF
DEATH**2-15-50**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)**39 Provident Hospital**

C. Length of stay in Baltimore

10

5. SEX

MALE

6. COLOR OR RACE

NEGRO7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**NEW BORN**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MARYLAND**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-02A

D. STREET ADDRESS (If rural, give location)

468 Roundview Rd.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.12. CITIZEN OF
WHAT COUNTRY

13. FATHER'S NAME

Alonzo Roper15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

MOTHER

ADDRESS

468 Roundview Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)(A) **Pulmonary Atelectasis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Severe Pre-eclampsia of Mother**

DUE TO

(C) **Diphtheria**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2-5**, 19**50**, to **2-15**, 19**50**, that I last saw the
deceased alive on **2-15**, 19**50**, and that death occurred at **11:50** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph W. Williams

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-18-50

24C. NAME OF CEMETERY OR CREMATORY

mt. Calvary cemetery

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

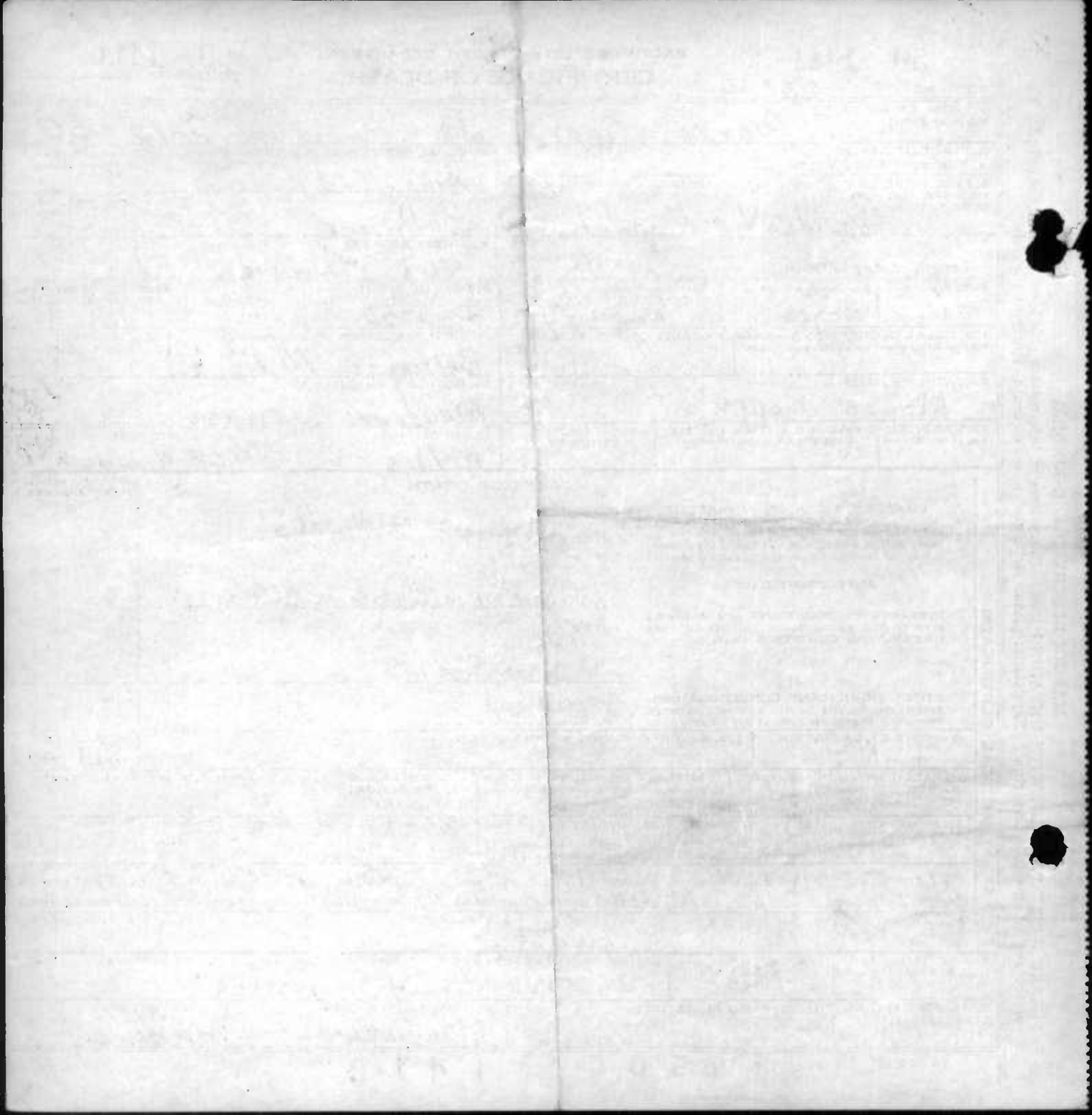
William Williams

25. FUNERAL DIRECTOR

H.B. Spriggs

ADDRESS

1394 Hamlet St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Edward Brady

2. DATE
OF
DEATH

2/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Bowie Mill

c. Length of stay in Baltimore Co.

8

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Riverton Rd + Painters Lane

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 5, 1949

9. AGE (In years last birthday)

11 Under 1 Year Months Days Hours Min.

8

11

11

11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Onwigs Mills Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Brady

14. MOTHER'S MAIDEN NAME

Mary Lou Wilkerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William Brady

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Viral encephalitis + enteritis

DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Vomiting, diarrhea, circulatory failure

3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/15, 1950 to 2/16, 1950 that I last saw the deceased alive on 2/16, 1950, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louisa Carder

M. D.

23B. ADDRESS

M. D. Gen'l Hospital

23C. DATE SIGNED

2/16/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 17 1950

119a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1413
Registered No.

50 1413
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Maudie E. Evans</i>			2. DATE OF DEATH <i>2/17/50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>		
8. FULL NAME OF HOSPITAL OR INSTITUTION <i>2327 Aiken St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>2327 Aiken St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Aug 17, 1885</i>		9. AGE (in years last birthday) Months: Days <i>64</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Columbia Pa</i>	
13. FATHER'S NAME <i>Erman Huber</i>			14. MOTHER'S MAIDEN NAME <i>Flora Hull</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Louise P. Evans</i>	
(If yes, give war or dates of service)		ADDRESS <i>2327 Aiken St</i>			

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cocain Poison</i>		CAUSE OF DEATH <i>Cocain Poison</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Angina Pectoris</i>		(B) <i>Angina Pectoris</i>			
		(C) <i>Hypertension</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-20</i> , 19 <i>50</i> to <i>2/16</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/16</i> , 19 <i>50</i> , and that death occurred at <i>8 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>D. Frank</i>		23B. ADDRESS <i>1123 St Paul</i>		23C. DATE SIGNED <i>2/17/50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>2/24/50</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Meadow Ridge</i>	
24D. LOCATION (City, town, or county) (State) <i>MD</i>		24E. NAME OF CEMETERY OR CREMATORY <i>St Paul</i>		24F. ADDRESS <i>1217 St Paul</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1950</i>		REGISTRAR'S SIGNATURE <i>Wilmington Williams, MD</i>		25. FUNERAL DIRECTOR <i>St Paul</i>	

VS 150

94 B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 443 50 1414

BIRTH NO. 50 1414

1. NAME OF DECEASED
(Type or Print) GUSSIE BIAS

2. DATE OF DEATH 2-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore 23-01

D. STREET ADDRESS (If rural, give location)
165 W. Hamburg Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Oct. 31, 1889

9. AGE (In years last birthday)

60 61

10 Under 1 Year

Months Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Widow

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
William Hill

14. MOTHER'S MAIDEN NAME
Annie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT
Lottie Wheeler

ADDRESS
165 W. Hamburg

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Essential Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-12-50 to 2-15-50, that I last saw the deceased alive on 2-15-50, and that death occurred at 11 P. M., from the causes and on the date stated above.

23A. SIGNATURE
Harry D. Jaynes

M. D.

23B. ADDRESS
1213 Light St.

23C. DATE SIGNED
2-15-50

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
2-20-50

24C. NAME OF CEMETERY OR CREMATORY
Mt Auburn

24D. LOCATION (City, town, or county) (State)
Balto

DATE RECEIVED BY LOCAL REGISTRAR
FEB 18 1950

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Jaynes & Stays

ADDRESS
638 N. Guilmore

N-252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH443 50 1415
Registered No.

BIRTH NO. 1415

1. NAME OF DECEASED (Type or Print) ANDREW NAGENGAST			2. DATE OF DEATH Feb. 16, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION 1916 N. Wolfe Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1916 N. Wolfe Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 29, 1878		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter			10B. KIND OF BUSINESS OR INDUSTRY Beth. Steel Co.		11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME George Nagengast			14. MOTHER'S MAIDEN NAME Barbara Beutner		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. 213-09-2703		
			17. INFORMANT 1916 N. Wolfe Street -13 Mrs. Lena Nagengast		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic myocarditis Arterial Hypertension Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 5 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 2 , 19 50 , to Feb 16 , 19 50 , that I last saw the deceased alive on Feb 15 , 19 50 , and that death occurred at 7:00 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Geo. J. Lipsey		23B. ADDRESS M. D. 426 S. Patterson Park Ave		23C. DATE SIGNED 2/17/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 2/20/50		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.			
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1950		REGISTRAR'S SIGNATURE Thurston J. Williams, M.D.			

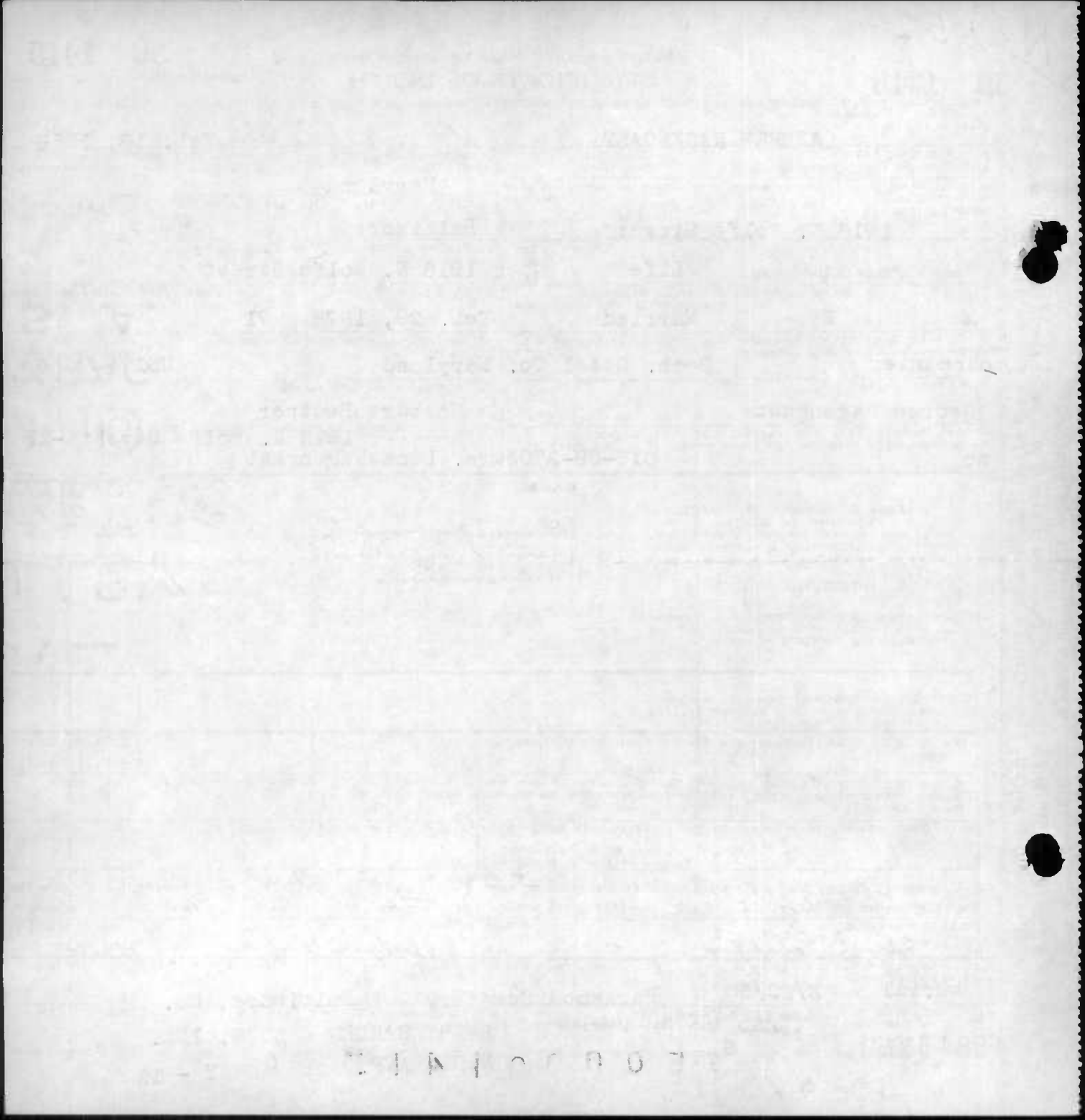
VS 150

3084V

NORTH AVE 7 & BROADWAY - 13
937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 1416**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH VICTOR HEILKER

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1556 Abbottson Street

C. CITY OR TOWN
Baltimore

Maryland

(If outside corporate limits, write RURAL and give township)

O. STREET ADDRESS (If rural, give location)

1556 Abbottson Street

C. Length of stay in Baltimore **Life**

Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widower

B. DATE OF BIRTH

March 24, 1878

9. AGE (In years
last birthday)

71

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Steamfitter

10B. KIND OF BUSINESS OR
INDUSTRY

union worker

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

August Heilker

14. MOTHER'S MAIDEN NAME

Clara Timerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-03-5753

17. INFORMANT **1556 Abbottson St. -18**
Mr. Bernard Heilker

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

Chronic Nephritis

Arteriosclerotic Cardio-Vascular Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. DECEASED WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., to or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1948** to **Feb**, 19**50**, that I last saw the
deceased alive on **Feb 16**, 19**50**, and that death occurred at **7:30 P.** m., from the causes and on the date stated above.

23A. SIGNATURE

For W. J. Zimmerman

M. D.

23B. ADDRESS

2858 Harford Rd.

23C. DATE SIGNED

17 Feb. 50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.

VS 150

348V9

BALTIMORE - 13, MARYLAND

131a

MARGIN RESERVED FOR BINDING

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

101-102

101-102

101-102

101-102

101-102

101-102

101-102

101-102

101-102

101-102

101-102

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHE 890.0 50 1417
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) **KEITH G. Helman**2. DATE OF DEATH **February 16, 1950**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore **26-09****Baltimore City Hospital**D. STREET ADDRESS (If rural, give location)
3900 Fleet Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Sept. 7, 1936

9. AGE (In years last birthday)

13

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR INDUSTRY

School-Child

11. BIRTHPLACE (State or foreign country)

Harrisburg, Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Wallace M. Helman

14. MOTHER'S MAIDEN NAME

Hazel Fanus

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wallace M. Helman 3900 Fleet St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Carbon monoxide poisoning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
apartment house21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
604 S. Grundy Street **26/9**21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
February 15, 1950 12-2^am.21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒21F. HOW DID INJURY OCCUR?
five burners on but unlit22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Dr. J. Mc Clafferty23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
Feb. 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-20-50.

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

24D. LOCATION (City, town, or county)

Gettysburg, Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

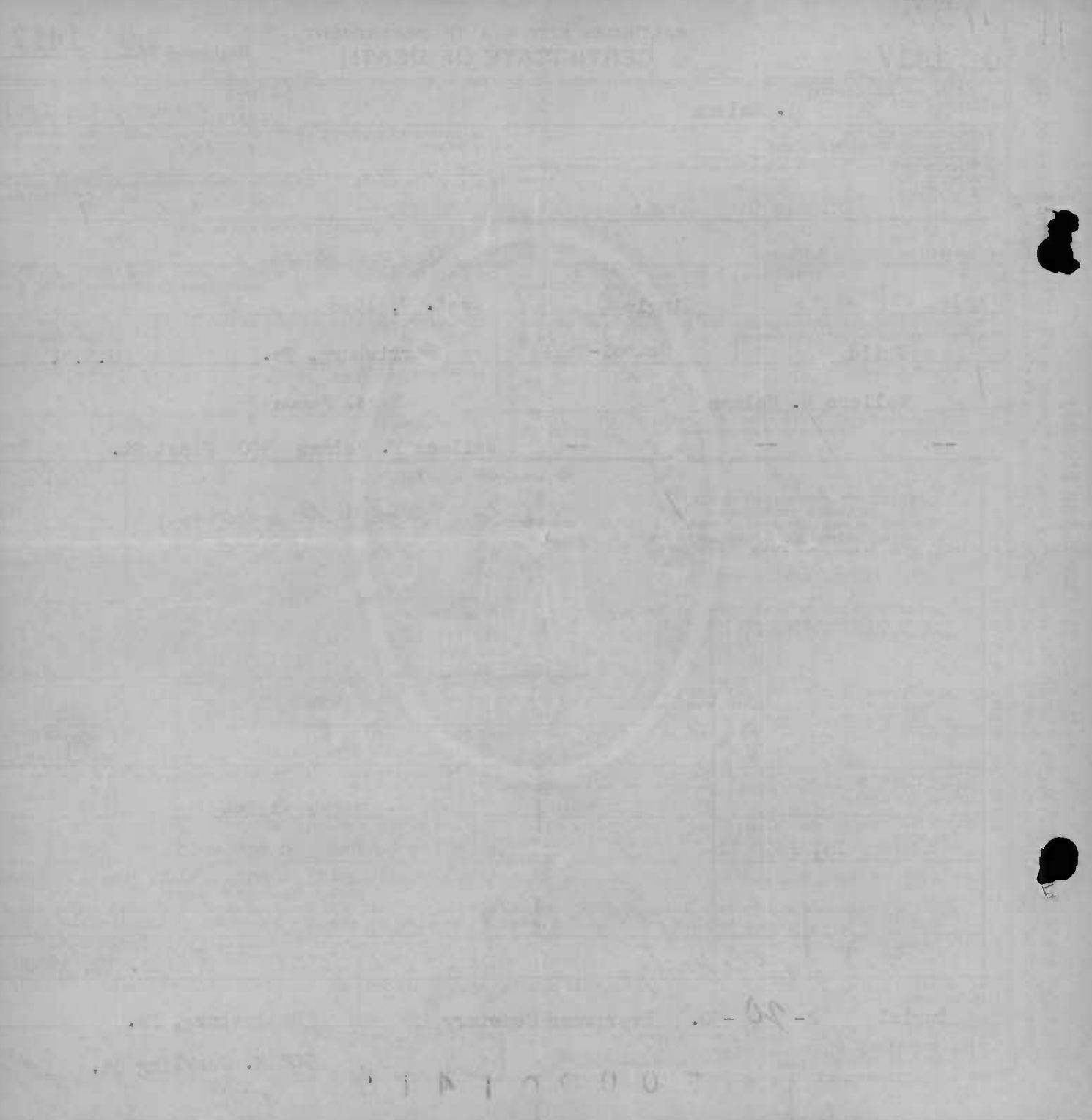
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Gaylor

ADDRESS

901 S. Conkling St.



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1418

BIRTH NO. 1418

1. NAME OF DECEASED
(Type or Print)

Robert J. W. Hamill

2. DATE
OF
DEATH

Feb 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2902 N. Calvert St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-02

D. STREET ADDRESS (If rural, give location)

2902 N. Calvert St.

c. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 12, 1865

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

owner Rtd

10B. KIND OF BUSINESS OR
INDUSTRY

Auto Agency

13. FATHER'S NAME

John W. Hamill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lydia M. Hamill 2902 N. Calvert St

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Arteriosclerotic Cardio-Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William L. Delbrick

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....23C. DATE SIGNED
2-16-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/18/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

William L. Delbrick

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

1944



CONFIDENTIAL

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1419

50 1419

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Pinkney Page*2. DATE
OF
DEATH*Feb. 14, 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*2312 Guilford Ave*Yrs.
Mos.
Days

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

*Baltimore**12-04*

D. STREET ADDRESS (If rural, give location)

2312 Guilford Ave

c. Length of stay in Baltimore

25 yrs.

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Feb 5, 1902

9. AGE (In years last birthday)

48

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

maid

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Crowe, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

unknown

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Beatrice Smith 242 Wilson St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

*arterio-sclerosis**5 days*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Feb 9, 1950*, to *Feb 14, 1950*, that I last saw the deceased alive on *Feb 14, 1950*, and that death occurred at *m.*, from the causes and on the date stated above.

23A. SIGNATURE

Francis A. Johnson

23B. ADDRESS

2329 Gessford St.

23C. DATE SIGNED

Feb 14, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

*Burial**Feb 18, 1950**Mt Calvary Cem & Co County Md*

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*FEB 18 1950**Hamington Williams**Mrs. Robert G. Elliot & Daughter*

VS 150

*52086**83a**1129 N. Caroline St*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

50 1420

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MR. JOHN KELLY John J. KELLY

2. DATE
OF
DEATH

Feb 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

24 Bon Secours Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, Md.

19-04

D. STREET ADDRESS (If rural, give location)

1603 W PRATT ST. BALTO., Md

c. Length of stay in Baltimore

43 yrs

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-7-79

9. AGE (In years)

last birthday

71

If Under 1 Year

Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Blacksmith Heater Ket

10B. KIND OF BUSINESS OR INDUSTRY

BRO. R.R.

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MICHAEL KELLY

14. MOTHER'S MAIDEN NAME

KATHERINE JENNINGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

101-03-942

17. INFORMANT

ADDRESS

ELLEN J. KELLY 1603 W. PRATT ST

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Pneumonia

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Congestive heart failure

4 mo.

(C)

Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-9-1950, to 2-17-1950, that I last saw the deceased alive on 2-17-1950, and that death occurred at 7 P. m., from the causes and on the date stated above.

23. SIGNATURE

Richard C. Hayden

M. D.

23B. ADDRESS

Bon Secours Hosp

23C. DATE SIGNED

2-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

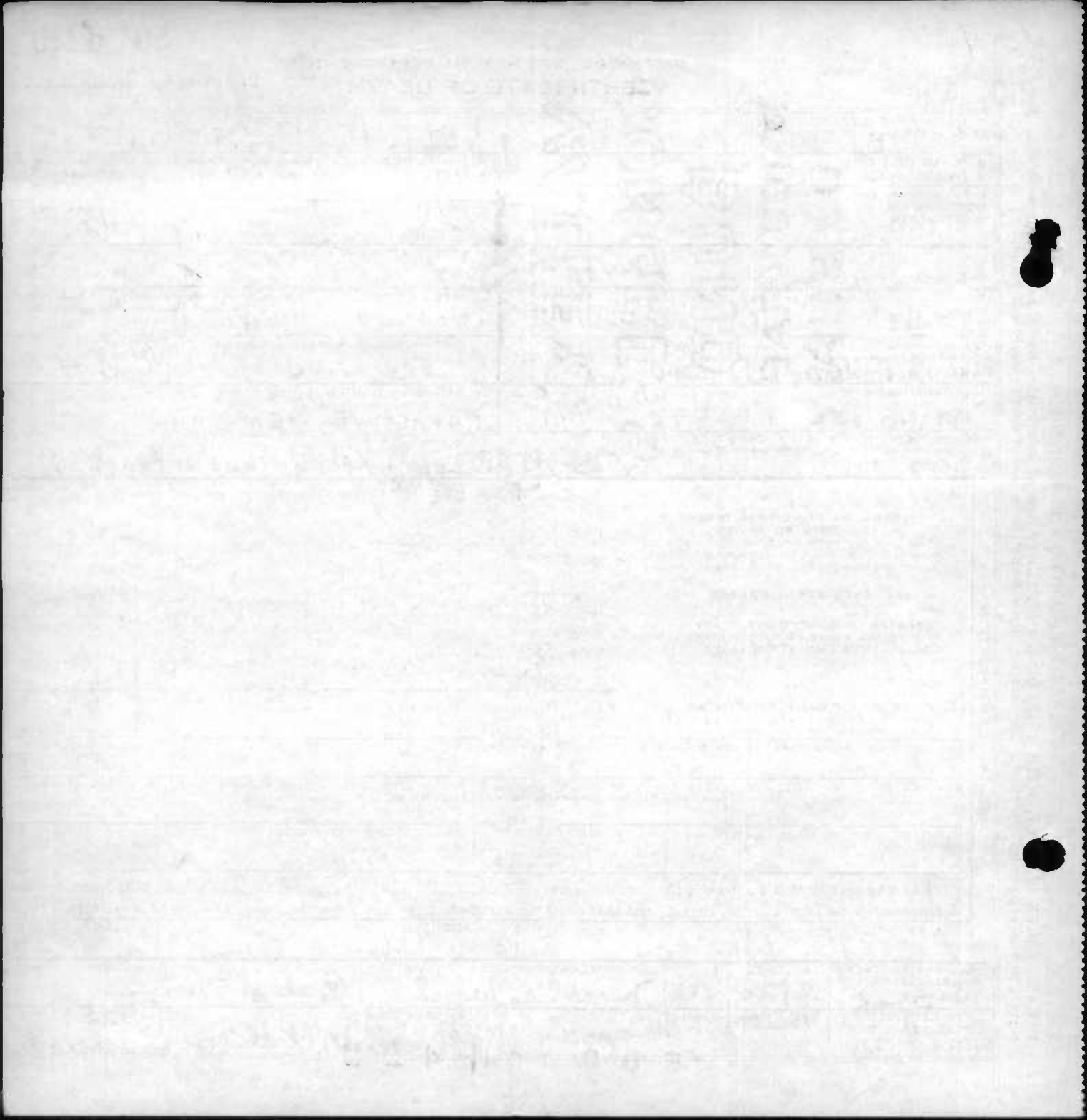
Richard C. Hayden

25. FUNERAL DIRECTOR

Ruth C. B. Walters

PRINTED Y

Stuckert



PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1421

H-130
50 1421

BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE T. HAUPT			2. DATE OF DEATH 2-17-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL			C. CITY OR TOWN Baltimore (If outside corporate limits, write RURAL and give township) 9-08		
c. Length of stay in Baltimore —			D. STREET ADDRESS (If rural, give location) 2537 Greenmount Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1906	9. AGE (In years last birthday) 44 yrs	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) CHOPPER		10B. KIND OF BUSINESS OR INDUSTRY SUN CAB. Co.	11. BIRTHPLACE (State or foreign country) BALTO. MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WM. HAUPT			14. MOTHER'S MAIDEN NAME S. CLEMENS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. HANG. L. HAUPT - 2537 GREENMOUNT AVE		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Myocardial Infarction DUE TO (B) AS HD (C)			INTERVAL BETWEEN ONSET AND DEATH (?) 10 hours		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 17, 1950 , to Feb 17, 1950 , that I last saw the deceased alive on Feb 17, 1950 , and that death occurred at 8:25 AM. , from the causes and on the date stated above.					
23A. SIGNATURE Richard L. Beach		23B. ADDRESS Union Memorial Hospital		23C. DATE SIGNED 2-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 2/20/50		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) (State) City		25. FUNERAL DIRECTOR ADDRESS WIEDEFELD & SON			
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1950		REGISTRAR'S SIGNATURE Wilmington Williams, MD			

4205V19500001438

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

Town of _____

City of _____

Village of _____

Post Office of _____

Section of _____

Ward of _____

Block of _____

Lot of _____

Sublot of _____

Tract of _____

Parcel of _____

Part of _____

Share of _____

Interest in _____

Right of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

Capacity of _____

Qualification of _____

Competency of _____

Ability of _____

Power of _____

Authority of _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1422

BIRTH NO. 50 1422

1. NAME OF DECEASED (Type or Print) <i>Charles L. Fleck</i>		2. DATE OF DEATH <i>2/15/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>413 S. Benton St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 11th 20-05</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>413 S. Benton St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 9 1902</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Editor</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	9. AGE (In years last birthday) <i>47</i>	11. BIRTHPLACE (State or foreign country) <i>MD</i>
13. FATHER'S NAME <i>Henry Fleck</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>6</i>	14. MOTHER'S MAIDEN NAME <i>?</i>	
17. INFORMANT <i>Mrs. M. L. Johnson</i>		ADDRESS <i>413 S. Benton St</i>	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Condyoma</i>		<i>2 days</i>
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>none</i>		
(C) <i>none</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>2/1</i> , 19 <i>50</i> , to <i>2/15</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>2/15</i> , 19 <i>50</i> , and that death occurred at <i>7:00</i> a. m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Benjamin Williams M.D.</i>	23B. ADDRESS <i>2030 W. Carey Ave</i>	23C. DATE SIGNED <i>2/17/50</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>2/18/50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Green Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 18 1950</i>	REGISTRAR'S SIGNATURE <i>Benjamin Williams</i>	25. FUNERAL DIRECTOR <i>J. P. Thayer</i> ADDRESS <i>1200 E. Pratt St</i>		

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1423

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Margaret Moeller

2. DATE
OF
DEATH

2-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

C. CITY OF TOWN

(If outside corporate limits, write RURAL, and give township)

Baltimore

24-01

C. Length of stay in Baltimore

Life

D. STREET ADDRESS (If rural, give location)

1330 E. Fort Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 22 1875

9. AGE (In years last birthday)

75

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Boyle

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT Son Joseph A. Moeller 4421 Marble Hill Rd

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral-Vascular Accident 1-2-50

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-1950 to 2-17-1950, that I last saw the deceased alive on 2-17-1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Massachusetts General Hospital

23B. ADDRESS

23C. DATE SIGNED

5-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

2/2/50

24C. NAME OF CEMETERY OR CREMATORY

Catharine

24D. LOCATION (City, town, or county)

Old Tudor City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1950

Huntington Williams

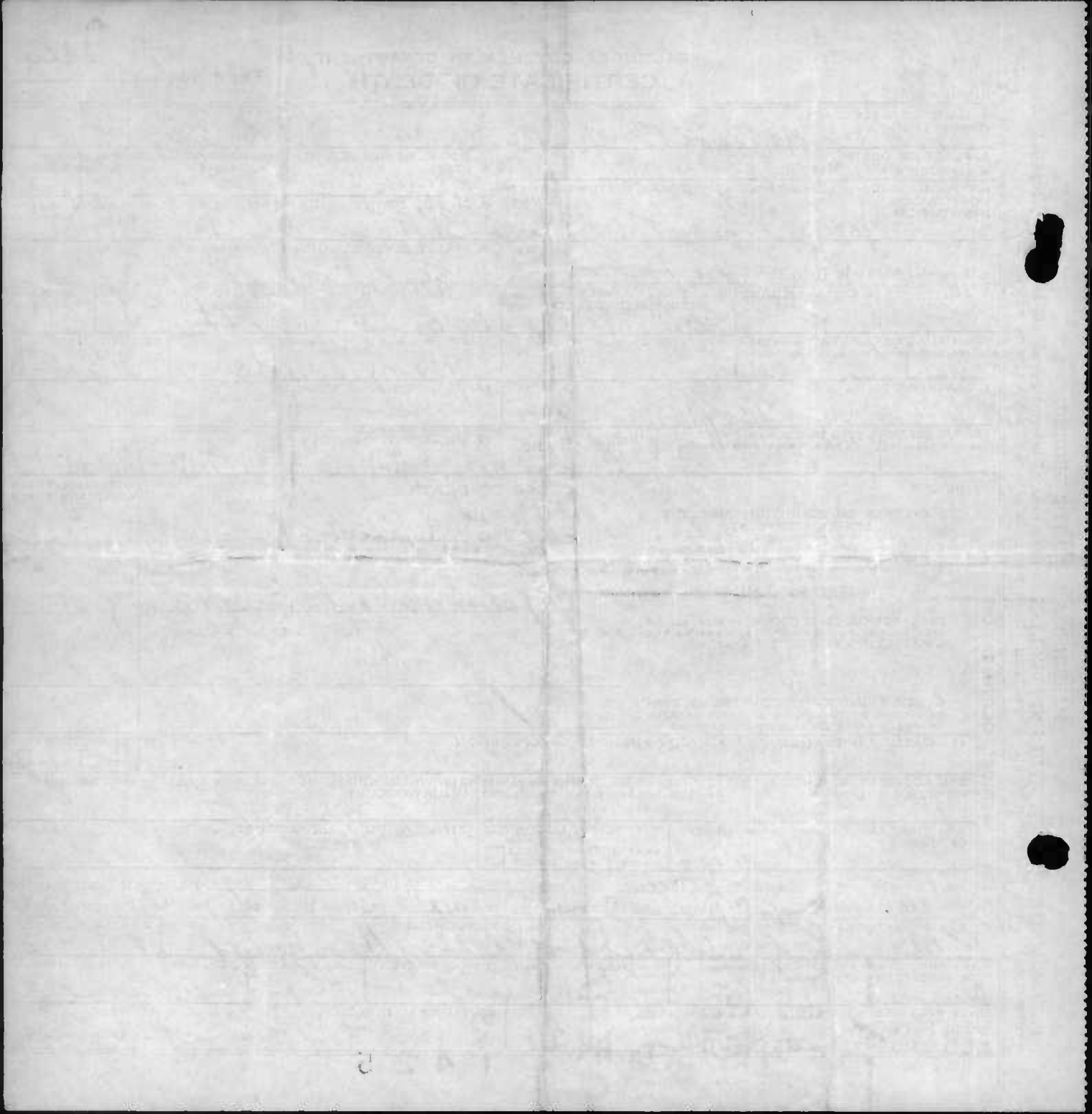
J. J. Fisher 138 High

VS 150

1425 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MARGIN RESERVED FOR BINDING

W-630
GM. 135641
50 1424
BIRTH NO. 1424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1424
Registered No.

1. NAME OF DECEASED (Type or Print) William Ward		2. DATE OF DEATH 2-17-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07	
c. Length of stay in Baltimore 60 Yrs.		D. STREET ADDRESS (If rural, give location) 3813 Falls Road Z 11	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March -11-1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tin Smith		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 68 Yrs. If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Thomas Ward		14. MOTHER'S MAIDEN NAME Sarah E. Billingsley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 217-01-2046	
17. INFORMANT Records B.C.H. 4940 Eastern Ave.		ADDRESS	
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchogenic Carcinoma with Metastasis to Bone, liver, ileum DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 2-15-50		19B. MAJOR FINDINGS OF OPERATION Biopsy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21E. INJURY OCCURRED	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-9- 19 50 to 2-17- 19 50 that I last saw the deceased alive on 2-17- 19 50 and that death occurred at 8.55AM , from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS B.C.H. 4940 Eastern Ave.	
23C. DATE SIGNED 2-17-50			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb. 20, 1950	
24C. NAME OF CEMETERY OR CREMATORY Mount Marie		24D. LOCATION (City, town, or county) (State) Towson, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1950		REGISTRAR'S SIGNATURE Thurston Williams, M.D.	
25. FUNERAL DIRECTOR Burgee Funeral Home		ADDRESS 3631 Falls Road	

VS 150

49629 9500001426

47c

100-1001
A 2 1

U.S.A.

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

100-1001

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 1425

BIRTH NO. 1425 4-89216

1. NAME OF DECEASED (Type or Print) <u>Jerry Price.</u>			2. DATE OF DEATH <u>Feb. 16, 1950</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1031 Clay St.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>18-02</u>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1031 W. Clay.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Aug. 20, 1944</u>		9. AGE (In years last birthday) <u>5</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
13. FATHER'S NAME <u>Odell Price.</u>			14. MOTHER'S MAIDEN NAME <u>Mary Holder.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Odell Price. 1031 W. Clay St.</u>		

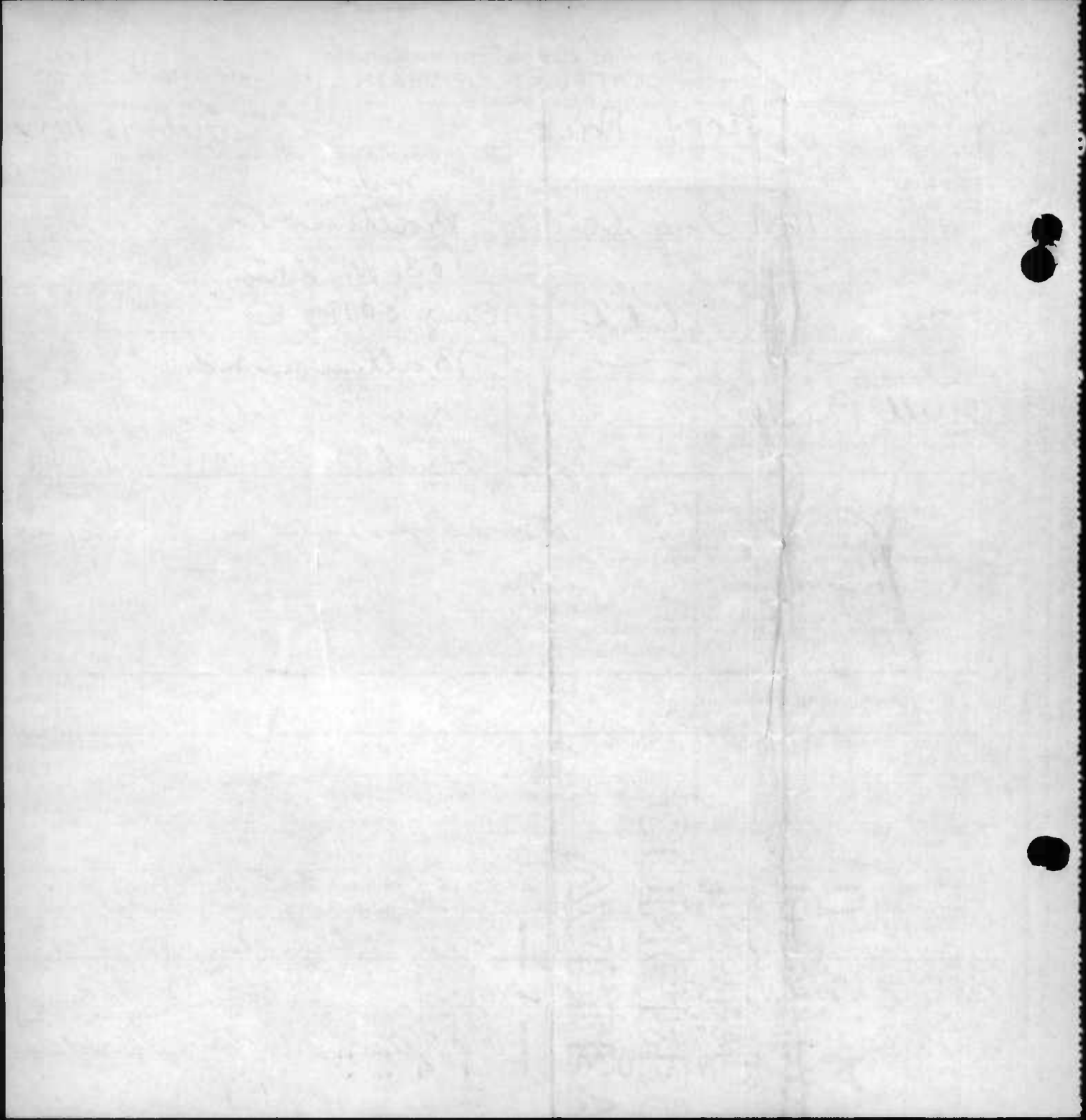
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>(A) Bronchopneumonia</u> DUE TO			<u>1 wk (approx)</u>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>(B)</u> DUE TO <u>(C)</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 15, 1950</u> to <u>Feb 16, 1950</u> that I last saw the deceased alive on <u>Feb 15, 1950</u> and that death occurred at <u>10:30 a.m.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>H. Garland Shinnell</u>		23B. ADDRESS <u>902 W. Franklin</u>		23C. DATE SIGNED <u>2-17-50</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Feb 18, 1950</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Auburn</u>	
24D. LOCATION (City, town, or county) (State) <u>Baltimore Md.</u>		25. FUNERAL DIRECTOR <u>Mrs. Kate R. Williams</u>		ADDRESS <u>3224</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>FEB 18 1950</u>		REGISTRAR'S SIGNATURE <u>Timothy William</u>			

VS 150

107

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1426

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert M. Lipscomb

2. DATE
OF
DEATH

Feb. 16th., 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 1622 Harford AvenueC. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL, and give township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
DaysO. STREET ADDRESS (If rural, give location)
1622 Harford Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Sept. 22, 1875

9. AGE (In years
last birthday)

74

If Under 1 Year
Months: Days

4

24

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Railway Mail Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Railway

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert D. Lipscomb

14. MOTHER'S MAIDEN NAME

Susie Hudson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
219-10-0727

17. INFORMANT

ADDRESS

Mrs. Louise E. G. Lipscomb-1622 Harford Avenue

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A) CHRONIC MYOCARDITIS
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ARTERIOSCLEROTIC CARDIO-
VASCULAR DISEASE
DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from July 20, 1949, to Feb. 16, 1950, that I last saw the
deceased alive on Feb. 16, 1950, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

2-20-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Ave., Balto. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1950

Huntington Williams, Inc.

George J. Ruth, Inc.-1735 Harford Avenue

CERTIFICATE OF DEATH

1900-1-28

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1427
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

James Ace Holland

2. DATE OF DEATH **2/16/1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE **Maryland**

B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

140 North Exeter St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

5-01

D. STREET ADDRESS (If rural, give location)

140 North Exeter Street

C. Length of stay in Baltimore

4 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

2/5/1881

9. AGE (in years last birthday)

68

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Forman

10B. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charlie Holland

14. MOTHER'S MAIDEN NAME

Rachel Harrison

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Deceased

ADDRESS

140 N. Exeter St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Myocardial Is**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **malnutrition, coarctation**
DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **1949** to **Feb 7**, 1950, that I last saw the deceased alive on **Feb 7**, 1950, and that death occurred at **1159** m., from the causes and on the date stated above.

23A. SIGNATURE

Mons A Fine

M. D.

23B. ADDRESS

115 Bismark St

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/1950

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county) (State)

Brooklyn A.A.CO.Md

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

Thurston Williams, M.D.

25. FUNERAL DIRECTOR

Elroy O. Wilson 1000 Brantly Ave

VS 150

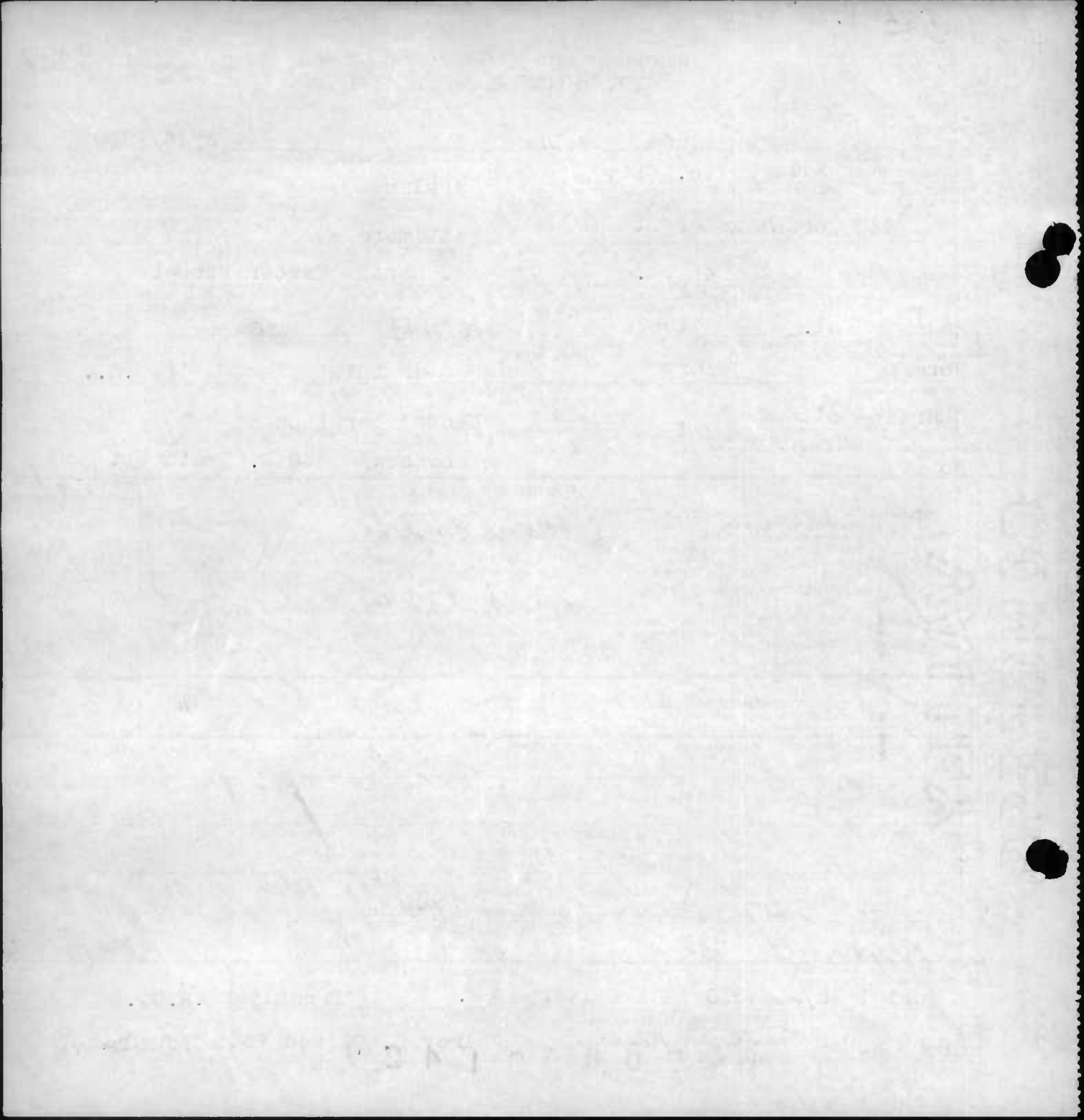
844VV

93E

500001427

MARGIN RESERVED FOR BINDING

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1428

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

THOMAS

WILLIAMS

2. DATE
OF
DEATH

February 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

Provident Hospital

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-03

D. STREET ADDRESS (If rural, give location)

2418 Francis Street

c. Length of stay in Baltimore

27 YRS

27- Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 2, 1902

9. AGE (In years

last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR INDUSTRY

Auto repair

11. BIRTHPLACE (State or foreign country)

Leakesville, N.C.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Washington Williams

14. MOTHER'S MAIDEN NAME

Christine Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

216-05-1332 Mrs. Nancy Williams 2418 Francis St.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

2-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/18/1950

24C. NAME OF CEMETERY OR CREMATORY

Matrimony heights

24D. LOCATION (City, town, or county)

Leakesville, N.C.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

1631 Druid Hill Ave.

VS 151

332 F4 50000 1430 83a

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race	
Date of Death		Time of Death		Place of Death		Cause of Death	
Signature of Physician		Signature of Registrar		Signature of Informant		Signature of Witness	
Date of Certificate		Time of Certificate		Place of Certificate		Cause of Certificate	

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1429

BIRTH NO. 50 1429 49-27062		1. NAME OF DECEASED (Type or Print) Sandra Johnson		2. DATE OF DEATH Feb. 18, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3036 Kewwick Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-05			
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3036 Keswick Rd.			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec 14, 1949	9. AGE (In years last birthday) 2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? -
13. FATHER'S NAME Frederick E. Johnson Jr.		14. MOTHER'S MAIDEN NAME Bertrude J. Heiser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) -		16. SOCIAL SECURITY NO. -		17. INFORMANT Frederick E. Johnson Jr. 3036 Keswick Rd.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E921.0 I Asphyxiation due to Aspiration of vomitus complicating cerebral infection probably due to an unidentified virus		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 3036 Keswick Rd. 13/5	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb. 18 1950 2 m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Aspiration of vomitus	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		23A. SIGNATURE B S Fisher			
24A. BURIAL, CREMATION, REMOVAL (Specify) Feb 20/50		24B. DATE Feb 20/50		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn Md.		25. FUNERAL DIRECTOR ADDRESS Questing E. Donovan			
DATE RECEIVED BY LOCAL REGISTRAR FEB 18 1950		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
VS 151 N-933		1950 3818 Roland Ave			

64147

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1430

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Ingolia

2. DATE
OF
DEATH

Feb. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 3-02

D. STREET ADDRESS (If rural, give location)

210 S. Eden St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

PARTANNA ITALY

13. FATHER'S NAME

John Ingolia

14. MOTHER'S MAIDEN NAME

Frances

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

? Pulmonary Embolus

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Partial Intestinal

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Obstruction, Cause Undetermined 14 days

Gouty Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1/31, 1949, to 2/17, 1950, that I last saw the deceased alive on 2/17, 1950, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Robert C. Hartmann, M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb 20-50

Holy Redeemer

4430 Belair Rd - Bal. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 18 1950

Franklin Williams, M.D.

Grace Della Noce 322 S. High St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

22226

50 500
50 1431BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1431
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNADINE W. SWANN

2. DATE
OF
DEATH

2/16/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

108 JACKSON Sq.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

6/3/1902

9. AGE (in years
last birthday)

47

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM J. KELLY

14. MOTHER'S MAIDEN NAME

ELIZABETH ALOFF

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT

ELMER SWANN

ADDRESS

SAME

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Cervix

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

1 year

II
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20, 1949, to 2-16, 1950, that I last saw the
deceased alive on 2-15, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Ullrich, Jr.

M. D.

23B. ADDRESS

1227 Waverly Blvd

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

SACRED HEART

24D. LOCATION (City, town, or county)

BALTO. Co. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

WILLY & ZEILER INC. BALTO.

ADDRESS

VS 150

48a

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

1227
West Blvd.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1432

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES G. BASKIN

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

335 FORREST STREET

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

335 Forrest Street

c. Length of stay in Baltimore

20 yrs

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 23, 1910

9. AGE (In years
last birthday)

39

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Chemical Plant

11. BIRTHPLACE (State or foreign country)

Knoxville, Tenn.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James Baskin

14. MOTHER'S MAIDEN NAME

Belle Maxwell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW II

16. SOCIAL
SECURITY NO.

218-01-6793

17. INFORMANT

ADDRESS

Mrs Myrtle Baskin-815 Somerset St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH2 wks
60 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/2, 1950, to 2/16, 1950, that I last saw the
deceased alive on 2/16, 1950 and that death occurred at 5:00 P.M. from the causes and on the date stated above.

23A. SIGNATURE

Drs. R. Blake

M. D.

23B. ADDRESS

7603-4. Caroline St. 2/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE NATIONAL

24D. LOCATION (City, town, or county)

BALTIMORE, MARYLAND

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

THE CHARLES R. LAW MORTUARY

VS 150

98817

107

402-04 MADISON AVENUE

BALTIMORE 1, MD.

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

ATTORNEY GENERAL

WASHINGTON, D. C.

February 12, 1944

Dear Sir:

Reference is made to your letter of January 28, 1944, regarding the proposed amendment to the Federal Reserve Act, which would authorize the Federal Reserve Board to issue regulations governing the issuance of currency by the Federal Reserve Banks.

The proposed amendment is being considered by the Department of Justice, and it is anticipated that a final decision will be reached within a few weeks.

Very respectfully,
J. Edgar Hoover

Special Agent in Charge

Federal Bureau of Investigation

Washington, D. C.

Enclosed for your information are two copies of the proposed amendment to the Federal Reserve Act, which would authorize the Federal Reserve Board to issue regulations governing the issuance of currency by the Federal Reserve Banks.

Very truly yours,
J. Edgar Hoover

Special Agent in Charge

Federal Bureau of Investigation

Washington, D. C.

Enclosed for your information are two copies of the proposed amendment to the Federal Reserve Act, which would authorize the Federal Reserve Board to issue regulations governing the issuance of currency by the Federal Reserve Banks.

Very truly yours,
J. Edgar Hoover

Special Agent in Charge

Federal Bureau of Investigation

Washington, D. C.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

50 1433

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Minnie F Pritchett

2. DATE
OF
DEATH

Feb 15 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

before admission)

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

200 N Chester St

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

May 1 1872

9. AGE (In years, last birthday)

77

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Johnson

14. MOTHER'S MAIDEN NAME

Don't know

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

William R Pritchett 200 N Chester St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Senility
DUE TO

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO

(C) _____

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/9, 1950, to 2/15, 1950, that I last saw the deceased alive on 2/15, 1950, and that death occurred at 7 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Edward J. Hallins

M. O.

23B. ADDRESS

1847 W. Kent

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 18 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Balto Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 18 1950

REGISTRAR'S SIGNATURE

Edward J. Hallins

25. FUNERAL DIRECTOR

ADDRESS

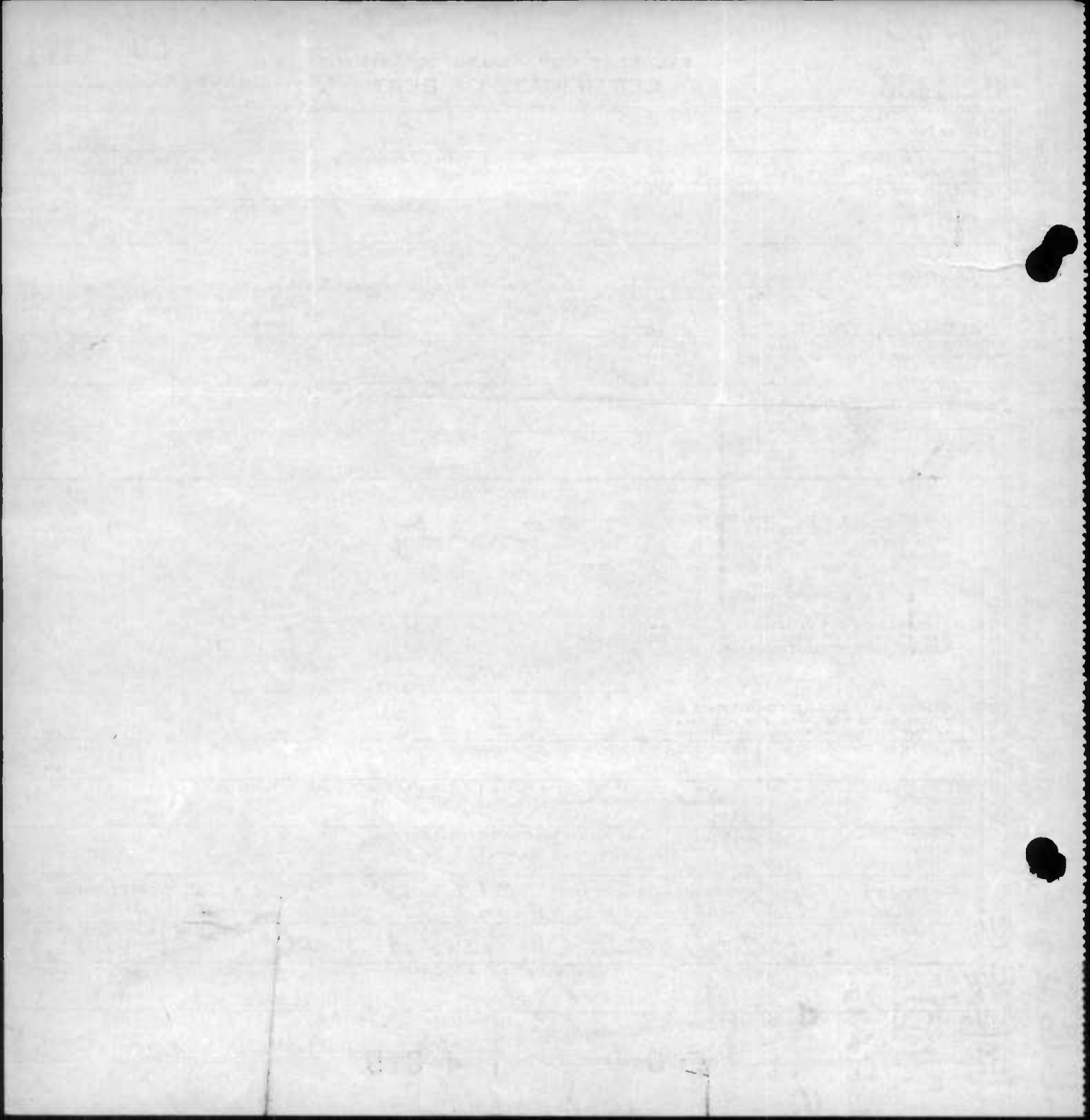
Ullrich Funeral Home 2008 Orleans St

VS 150

162B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



5-420
50 1434BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1434

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garvie C. Shigh, Jr

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 17th. 2nd

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Elkton

D. STREET ADDRESS (If rural, give location)

305 Elkton Blvd

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12-7-39

9. AGE (In years
last birthday)

10

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Garvie C. Shigh

14. MOTHER'S MAIDEN NAME

Margaret Brook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknowns) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Reticulum Cell Sarcoma

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-29-1949 to 2-18-1950, that I last saw the
deceased alive on 2-18-1950, and that death occurred at 8:20 PM, from the causes and on the date stated above.

23A. SIGNATURE

Thomas C. McPherson M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb. 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 21, 1950

24C. NAME OF CEMETERY OR CREMATORY

Hillman Manor Park

24D. LOCATION (City, town, or county) (State)

Elkton Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 19 1950

REGISTRAR'S SIGNATURE

Maryon Williams, M.D.

25. FUNERAL DIRECTOR

H. W. Pippin & Son, Elkton Md

ADDRESS

CERTIFICATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT

DATE OF DEATH

DATE OF BIRTH

NAME OF DECEASED

RESIDENCE

CAUSE OF DEATH

PLACE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

NAME OF REGISTRAR

OFFICE OF THE REGISTRAR

FILE NO.

DECEASED WAS FOUND BY

FILE NO.

M-340
50 1435

50-1435

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 154

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MAMMIE MOTLY		2. DATE OF DEATH 2/16/50	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Pa. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 665 W. Fairmount		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Richmond			
c. Length of stay in Baltimore 5 wks.		D. STREET ADDRESS (If rural, give location) Route 3 Box 468			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar-8-1895	9. AGE (In years last birthday) 54	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Reidsville N. C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ruffin Graves		14. MOTHER'S MAIDEN NAME Sylvia Garrett			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Louise Spain 665 W Fairmount	
18. CAUSE OF DEATH					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of Rectum					
DUE TO					
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B)					
DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/14, 1950 to 2/16, 1950 , that I last saw the deceased alive on 2/16, 1950 , and that death occurred at 5 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE W. J. ...		23B. ADDRESS 122 ...		23C. DATE SIGNED 2/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Feb 18, 1950		24C. NAME OF CEMETERY OR CREMATORY Reidsville	
24D. LOCATION (City, town, or county) (State) North Carolina		25. FUNERAL DIRECTOR ADDRESS Mrs. Kate R. Williams Schroeder			

467

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness	
16. Signature of witness		17. Signature of witness		18. Signature of witness	
19. Signature of witness		20. Signature of witness		21. Signature of witness	
22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness	
28. Signature of witness		29. Signature of witness		30. Signature of witness	
31. Signature of witness		32. Signature of witness		33. Signature of witness	
34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness	
40. Signature of witness		41. Signature of witness		42. Signature of witness	
43. Signature of witness		44. Signature of witness		45. Signature of witness	
46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness	
52. Signature of witness		53. Signature of witness		54. Signature of witness	
55. Signature of witness		56. Signature of witness		57. Signature of witness	
58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness	
64. Signature of witness		65. Signature of witness		66. Signature of witness	
67. Signature of witness		68. Signature of witness		69. Signature of witness	
70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness	
76. Signature of witness		77. Signature of witness		78. Signature of witness	
79. Signature of witness		80. Signature of witness		81. Signature of witness	
82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness	
88. Signature of witness		89. Signature of witness		90. Signature of witness	
91. Signature of witness		92. Signature of witness		93. Signature of witness	
94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness	
100. Signature of witness		101. Signature of witness		102. Signature of witness	

K-145
50 1436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Celia Kaplan

2. DATE
OF
DEATH

2/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION University HospitalC. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore 15-38 township)

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)

3204 Helton St. #16

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

1880

9. AGE (In years

70

10. Under 1 Year 11. Under 24 Hours

Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md. Balto

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Moses

14. MOTHER'S MAIDEN NAME

Barrie

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Celia Kaplan

ADDRESS

3204 Helton

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cardiac arrest

ANTECEDENT CAUSES

(B) DUE TO

arteriosclerotic CVD

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

{ cerebrovascular accident, left
atelectasis, right lung
multiple infarcts, right lungINTERVAL BETWEEN
ONSET AND DEATH

1 minute

several
years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1950, to 2/17, 1950, that I last saw the
deceased alive on 2/17, 1950, and that death occurred at 1:52 P.M., from the causes and on the date stated above.

23A. SIGNATURE

J.R. Hankins

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-19-50

24C. NAME OF CEMETERY OR CREMATORY

Okeh Sholgan

24D. LOCATION (city, town, or county)

Balto

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Jack Henry

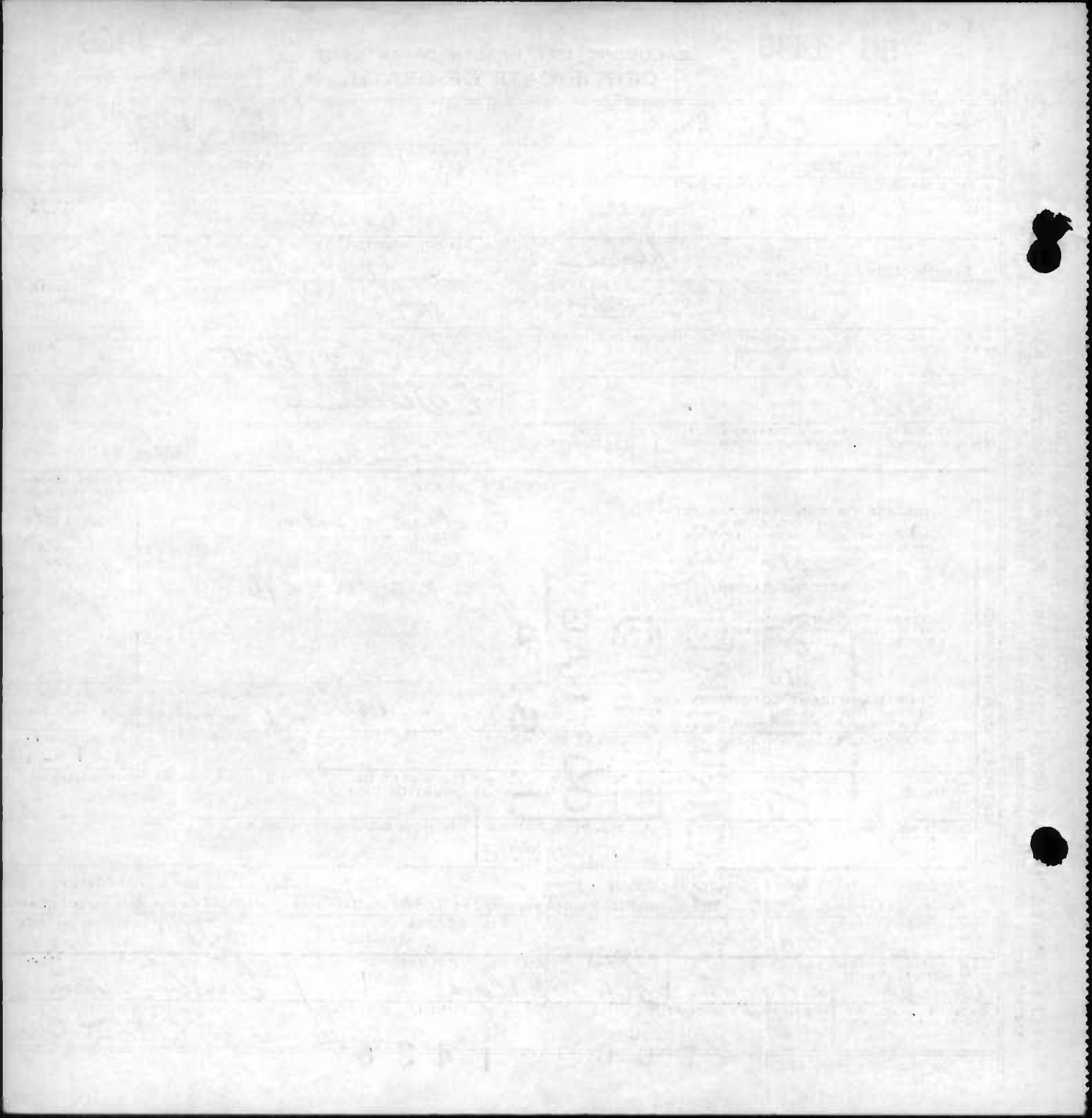
ADDRESS

2100 Sutar Ave

FEB 19 1950

87500071436

93D



BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fred Katzner

2. DATE
OF
DEATH

2-17-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisterstown Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 13-01

c. Length of stay in Baltimore

life

D. STREET ADDRESS (If rural, give location)

601 Temple Garden Apartments

5. SEX

M

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

5-12-93

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days

9 5

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Pajama Factory Owner

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

L. Katzman

14. MOTHER'S MAIDEN NAME

Yetta Buslik

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

The Seton Institute

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

8 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

15 years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

mental deterioration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 3, 1949, to Feb 17, 1950, that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 8:58 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edward H. Lunk

M. D.

23B. ADDRESS

The Seton Institute

23C. DATE SIGNED

Balto. 15 md Feb 17, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

9 1950

15606

500001459

83a

CONFIDENTIAL - THE DEATH

1. [Illegible text]

2. [Illegible text]

3. [Illegible text]

4. [Illegible text]

5. [Illegible text]

6. [Illegible text]

7. [Illegible text]

8. [Illegible text]

9. [Illegible text]

10. [Illegible text]

11. [Illegible text]

12. [Illegible text]

13. [Illegible text]

14. [Illegible text]

15. [Illegible text]

16. [Illegible text]

17. [Illegible text]

18. [Illegible text]

19. [Illegible text]

20. [Illegible text]

21. [Illegible text]

22. [Illegible text]

23. [Illegible text]

24. [Illegible text]

25. [Illegible text]

26. [Illegible text]

27. [Illegible text]

28. [Illegible text]

29. [Illegible text]

30. [Illegible text]

31. [Illegible text]

32. [Illegible text]

33. [Illegible text]

34. [Illegible text]

35. [Illegible text]

36. [Illegible text]

37. [Illegible text]

38. [Illegible text]

39. [Illegible text]

40. [Illegible text]

41. [Illegible text]

42. [Illegible text]

43. [Illegible text]

44. [Illegible text]

45. [Illegible text]

46. [Illegible text]

47. [Illegible text]

48. [Illegible text]

49. [Illegible text]

50. [Illegible text]

51. [Illegible text]

52. [Illegible text]

53. [Illegible text]

54. [Illegible text]

55. [Illegible text]

56. [Illegible text]

57. [Illegible text]

58. [Illegible text]

59. [Illegible text]

60. [Illegible text]

61. [Illegible text]

62. [Illegible text]

63. [Illegible text]

64. [Illegible text]

65. [Illegible text]

66. [Illegible text]

67. [Illegible text]

68. [Illegible text]

69. [Illegible text]

70. [Illegible text]

71. [Illegible text]

72. [Illegible text]

73. [Illegible text]

74. [Illegible text]

75. [Illegible text]

76. [Illegible text]

77. [Illegible text]

78. [Illegible text]

79. [Illegible text]

80. [Illegible text]

81. [Illegible text]

82. [Illegible text]

83. [Illegible text]

84. [Illegible text]

85. [Illegible text]

86. [Illegible text]

87. [Illegible text]

88. [Illegible text]

89. [Illegible text]

90. [Illegible text]

91. [Illegible text]

92. [Illegible text]

93. [Illegible text]

94. [Illegible text]

95. [Illegible text]

96. [Illegible text]

97. [Illegible text]

98. [Illegible text]

99. [Illegible text]

100. [Illegible text]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **443 50 1438**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**CHARLES****KATZ**2. DATE
OF
DEATH**2-17-1950**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)**6202 PARK HEIGHTS AVE**

C. Length of stay in Baltimore

62Yrs.
Moor
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)**MD****Baltimore**C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)**Baltimore**

D. STREET ADDRESS (If rural, give location)

6202 Park Heights Ave

8. DATE OF BIRTH

9. AGE (In years,
last birthday)**68**11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Lith12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Miriam15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Fannie Katz - 6202 Park Heights Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)(A) **Cerebral thrombosis**

DUE TO

12 hrsII
ANTECEDENT CAUSESDISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Arteriosclerosis**

DUE TO

1 yr(C) **Hypertensive C.V.D.****5 yrs**OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 15, 1949**, to **Feb 17, 1950**, that I last saw the
deceased alive on **Feb 15, 1950**, and that death occurred at **8 1/2** m., from the causes and on the date stated above.

23A. SIGNATURE

Irwin Sauter

M.D.

23B. ADDRESS

3003 Junction Blvd

23C. DATE SIGNED

2-18-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)**BURIAL**

24B. DATE

2-19-1950

24C. NAME OF CEMETERY OR CREMATORY

ARLINGTON CEM.

24D. LOCATION (City, town, or county)

BALTO.

(State)

MDDATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc - 2100 Eutaw Pl**FEB 19 1950**

VS 150

15643**500****1410****93D**

Hauber
3003 Garrison Blvd

3003 W 0068

3003 Garrison Blvd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-65-3 50 1439		Greenthal BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		420.0 50 1439 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>IDA Greenthal</i>			2. DATE OF DEATH <i>2-17-50</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>42 Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-01</i>		
c. Length of stay in Baltimore <i>50</i> Yrs. <i>50</i> Mos. <i>50</i> Days			D. STREET ADDRESS (If rural, give location) <i>830 Brooks Lane</i>		
6. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH	9. AGE (In years, last birthday) <i>60</i>	10. Under 1 Year: Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>House wife</i>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Russia</i>
13. FATHER'S NAME <i>Solomon</i>			14. MOTHER'S MAIDEN NAME <i>Sarah</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT <i>Israel Greenthal 830 Brooks La</i>
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Subarachnoid hemorrhage</i>			CAUSE OF DEATH (A) <i>Subarachnoid hemorrhage</i> DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>ASHD.</i>			(B) <i>ASHD.</i> DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(C)		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2-17-1950</i> to <i>2-17-1950</i> , that I last saw the deceased alive on <i>2-17-1950</i> , and that death occurred at <i>7:50</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Israel Greenthal</i>		23B. ADDRESS <i>Sinai Hosp</i>		23C. DATE SIGNED <i>2-17-50</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>2-19-50</i>	24C. NAME OF CEMETERY OR CREMATORY <i>United Hebrew</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>FEB 19 1950</i>	REGISTRAR'S SIGNATURE <i>Jack Lewis</i>	25. FUNERAL DIRECTOR <i>2100 Eutaw Pl</i>		ADDRESS	

1933

1933

OFFICE OF THE SECRETARY OF THE ARMY



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly stated. Correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

P-520

50 1440

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 193

Registered No. 50 1440

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Winfield Phemes

2. DATE
OF
DEATH

Feb. 18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

10-11-46

9. AGE (In years
last birthday)

3

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Winfield Phemes

14. MOTHER'S MAIDEN NAME

Marian?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...

Neurabloma

12 mos

DUE TO

ANTECEDENT CAUSES

(B) ...

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan. 7, 1950 to Feb. 18, 1950 that I last saw the
deceased alive on Feb 18, 1950 and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. H. Zundman

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Burial

24D. LOCATION (City, town, or county) (State)

N. Y.

N. Y.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1950

VS 150

1 49 50 00

Joseph T. Gage Inc 2013 Greenmount Ave

54 B

100

100

STATE OF OHIO

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

50 1441

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 171

BIRTH NO. 50 1441

1. NAME OF DECEASED (Type or Print) <i>Lillian M. Johnson</i>		2. DATE OF DEATH <i>2/18/50</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>23-03</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Good SAMARITAN HOME</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1731 Bancroft St</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 23, 1906</i>
9. AGE (In years last birthday) <i>43</i>		10. Under 1 Year Months: <i>43</i> Days: <i>43</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Louswife</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>	
13. FATHER'S NAME <i>Joseph J. Getsch</i>		14. MOTHER'S MAIDEN NAME <i>Minnie</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Miss Rose Marie Johnson</i>		ADDRESS <i>1731 Bancroft St</i>	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>CANCER OF THE UTERUS</i> DUE TO <i>known. cervix</i> (B) <i>with Metases</i> DUE TO		<i>1 year</i>
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>MALNUTRITION</i>		<i>?</i>
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>JANUARY 1, 1950</i> , to <i>FEB, 18, 1950</i> , that I last saw the deceased alive on <i>2/16</i> , 1950, and that death occurred at <i>8:15 A.M.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Melvin N. Borden</i>	23B. ADDRESS <i>2030 W. Fayette St</i>	23C. DATE SIGNED <i>2/18/50</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Feb 21, 1950</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross</i>
24D. LOCATION (City, town, or county) <i>A. A. Co</i>	24E. STATE <i>MD</i>	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>Wm. Williams</i>	25. FUNERAL DIRECTOR <i>A. Howard Evans</i>
ADDRESS <i>1400 S. Charles</i>		

FEB 18 1950

48 B

VALLEY

CONCRETE

BOND

100/100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 50 1443

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Henry Hurette Chandler2. DATE
OF
DEATH2/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1425 Binder Court

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-06

D. STREET ADDRESS (If rural, give location)

1425 Binder Court

c. Length of stay in Baltimore

5Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

Mar. 27, 1897

9. AGE (in years last birthday)

52

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FIREMAN

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Halifax Co Va.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Richard Chandler

14. MOTHER'S MAIDEN NAME

Betty Hendricks

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Busto 1425 Binder Ct

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Polio - sclerotic Heart Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO(C)
DUE TOII
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 1949, to 2-16, 1950, that I last saw the deceased alive on 2-16, 1950 and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Renold B. Ligon

M. D.

23B. ADDRESS

501 Cherry Hill Road

23C. DATE SIGNED

2-17-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Shipped

24B. DATE

Feb 19, 1950

24C. NAME OF CEMETERY OR CREMATORY

Halifax

24D. LOCATION (City, town, or county)

Virginia

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

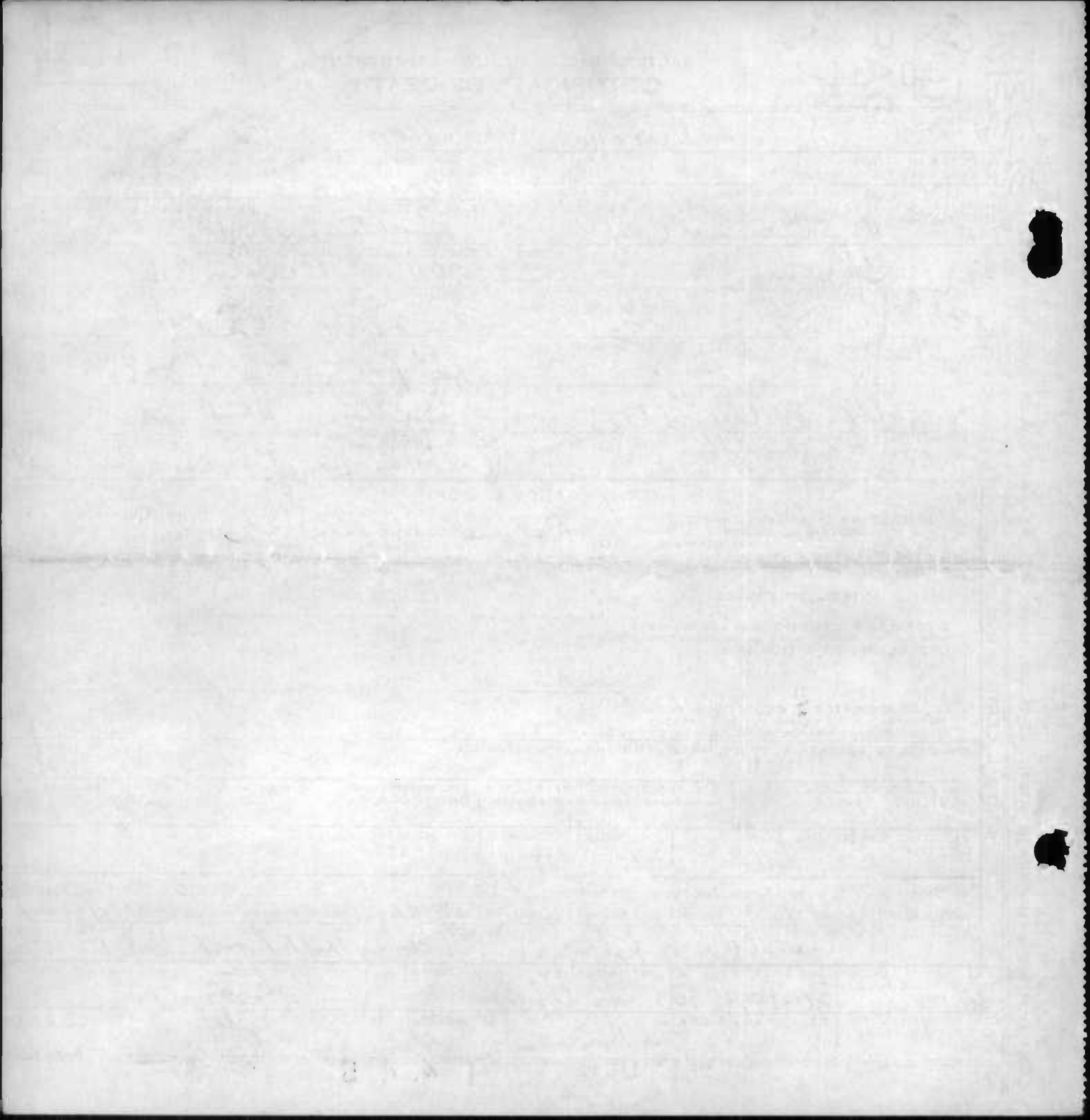
3224 Schenck St

FEB 19 1950

60098

1 90500 1445

93D



W-536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1444

Registered No.

BIRTH NO.

50 1444

1. NAME OF DECEASED
(Type or Print)

Baby Girl Winters 756.2

2. DATE
OF
DEATH

Feb. 18, 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Mechanicsville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

6 weeks

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

negro

single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

1-10-50

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days Hours: Min.

1 29

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Winters

14. MOTHER'S MAIDEN NAME

Elizabeth Speer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Intestinal obstruction

DUE TO

ANTECEDENT CAUSES

(B)

Atresia of the ileum

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Atresia of the ileum

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 14, 1950 to Feb. 18, 1950 that I last saw the
deceased alive on Feb. 18, 1950, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Harrison Clark Decker M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 19 1950

109 5 0 0 0

144 9578

Incl.

MARGIN RESERVED FOR BINDING

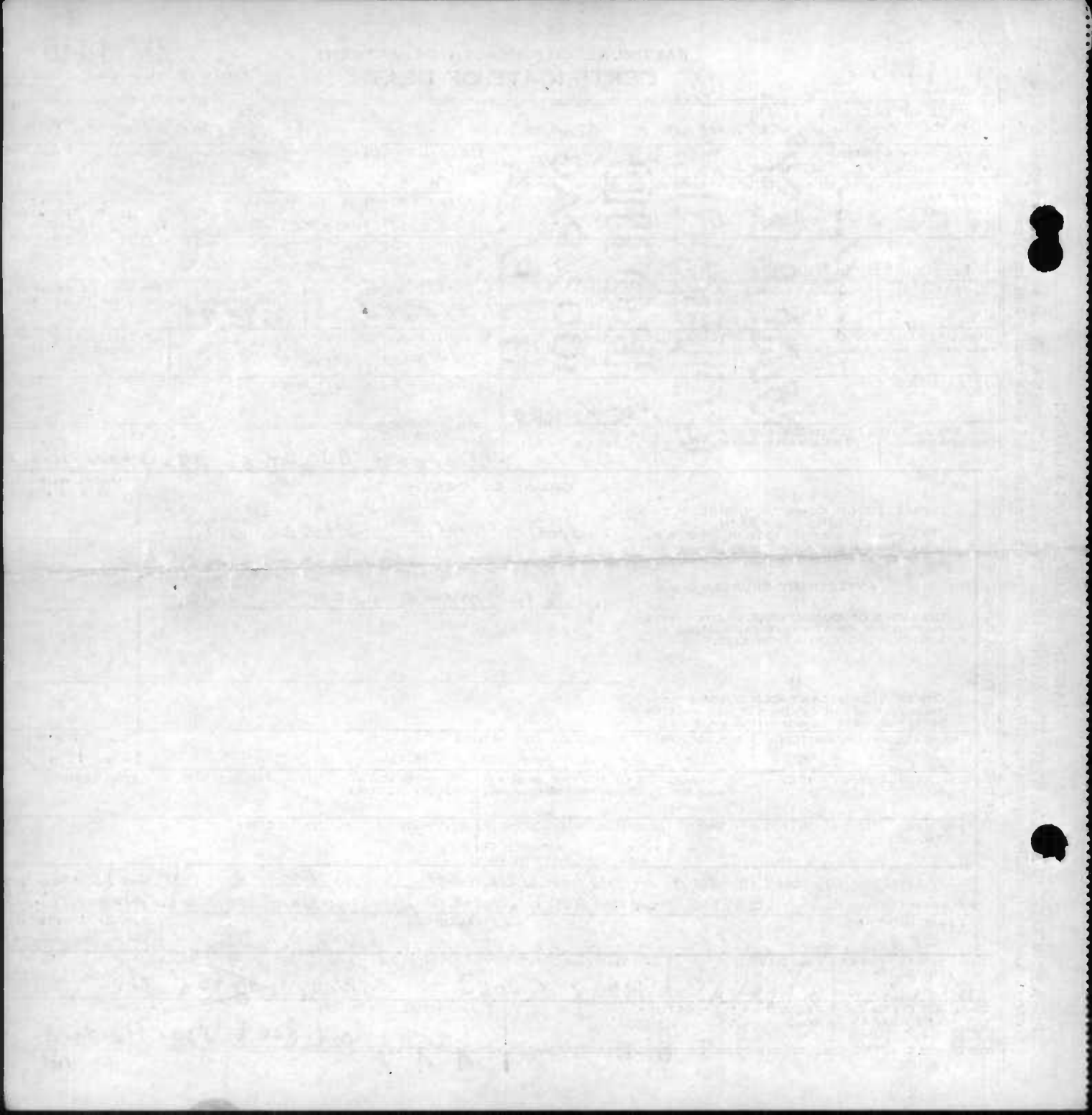
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1445

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY THERESA ADAMS			2. DATE OF DEATH 18 FEB. 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland ST. JOSEPH'S HOSPITAL			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission): A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 27-02		
c. Length of stay in Baltimore 3 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2824 FOREST VIEW AVE.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 3/5/83	9. AGE (In years last birthday) 66	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) NEW YORK			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME McKewen			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?			16. SOCIAL SECURITY NO. McKewen		
17. INFORMANT Warren Adams			ADDRESS 2824 Forest View		
18. CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) METASTATIC CARCINOMA DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CARCINOMA, HEPATIC DUCT DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)					
19A. DATE OF OPERATION 7 FEB. 1950		19B. MAJOR FINDINGS OF OPERATION CARCINOMA, HEPATIC DUCT		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JAN. 29, 1950 , to FEB. 18, 1950 , that I last saw the deceased alive on FEB. 18, 1950 , and that death occurred at 7 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE James P. O'Dare M. D.		23B. ADDRESS 1495 0000		23C. DATE SIGNED FEB 18 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2/22/50		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) W. Arlington Md.		25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 1305 Hartford Rd	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950		REGISTRAR'S SIGNATURE 1495 0000		46F	



A-450

50 1446

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1446
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Allen

2. DATE
OF
DEATH

2-16-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

19 Peach alley

B. FULL NAME OF

(If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION

00

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt.

23-01

D. STREET ADDRESS (If rural, give location)

1019 Peach alley

c. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

unknown

8. DATE OF BIRTH

Aug 11 1895

9. AGE (In years
last birthday)

66

10. Under 1 Year

Months: Days

10a. USUAL OCCUPATION (Give kind of
work, occupation, or profession, if any, even if retired)

Miss Payers

10b. KIND OF BUSINESS OR
INDUSTRY

New Payers

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

None unknown

14. MOTHER'S MAIDEN NAME

None unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Vivio Allen 1019 Peach alley

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertatic pneumonia

DUE TO

1 wk.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 1950, to Feb. 16, 1950, that I last saw the
deceased alive on Feb. 15, 1950, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Vivio V. Benjamin

M. D.

23B. ADDRESS

834 St. Charles St.

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-20-50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

Balt.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

William J. Williams

25. FUNERAL DIRECTOR

B. Long - 1392 W. Hamling St

ADDRESS

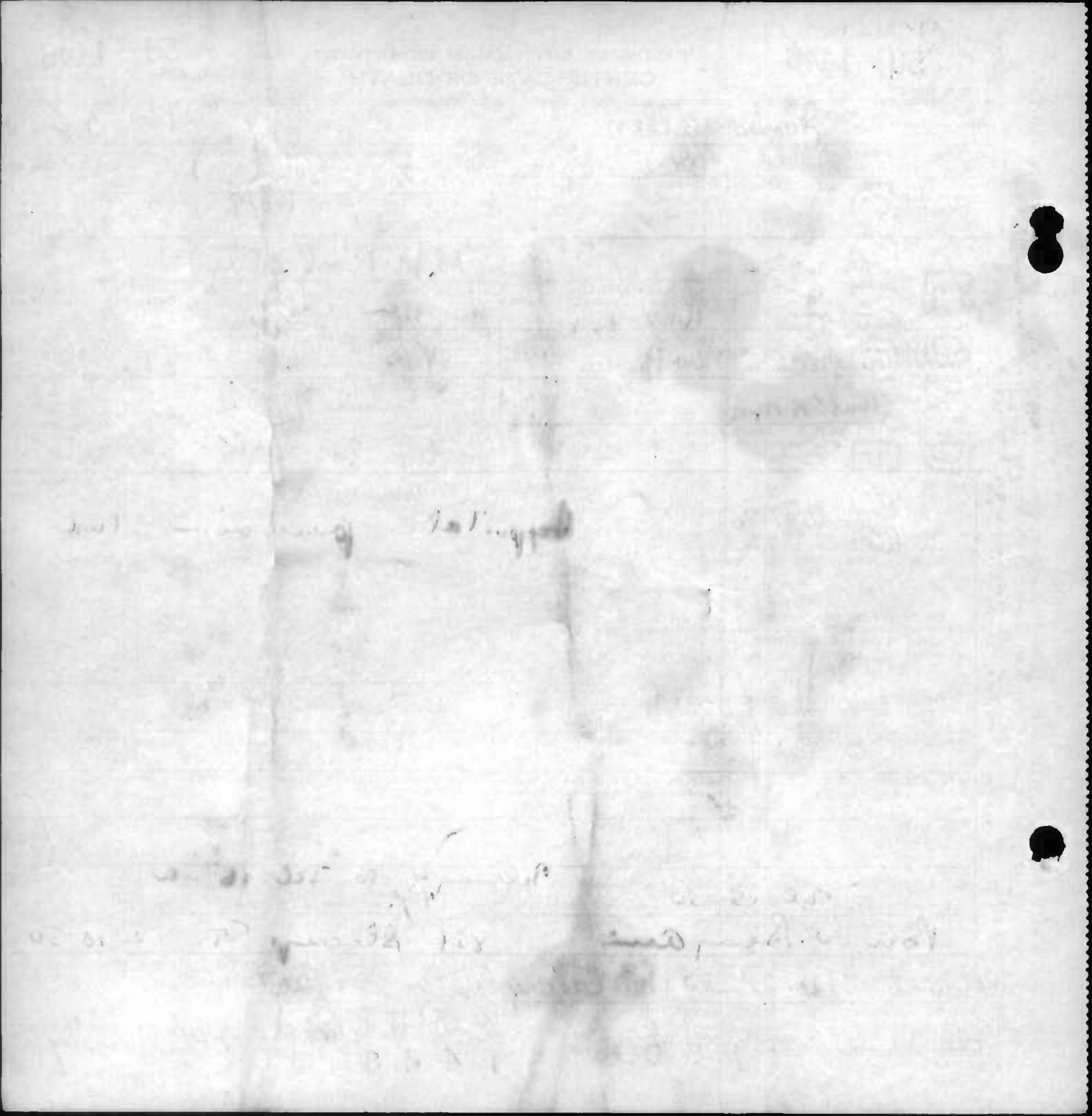
VS 150

28478

111C

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



W-630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1447
Registered No.

BIRTH NO. 1447

1. NAME OF DECEASED
(Type or Print)

Mrs. Susan Ward.

2. DATE
OF
DEATH

Feb. 16 1950

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)Anderson Convalescent Home
3605 Hillsdale Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Woodlawn

c. Length of stay in Baltimore

D. STREET ADDRESS (If rural, give location)
6013 Guyton Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

March 12/1870

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Gusfelds, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Benjamin Nelson

14. MOTHER'S MAIDEN NAME

Nancy Susan Evans

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Miss Nabel Ward

ADDRESS

4510 Frederick Rd

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pericious Anaemia

INTERVAL BETWEEN
ONSET AND DEATH

15 years

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Myocardial Degeneration & Scurvy 5 yrs

19A. DATE OF OPERATION

no operation

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1948 to Feb 16 1950, that I last saw the
deceased alive on Feb 15, 1950, and that death occurred at 11:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joshua H. Armacost

23B. ADDRESS

M. D. 26419 Woodlawn Rd

23C. DATE SIGNED

Feb 16 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 20 50

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem

24D. LOCATION (City, town, or county) (State)

Woodlawn Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

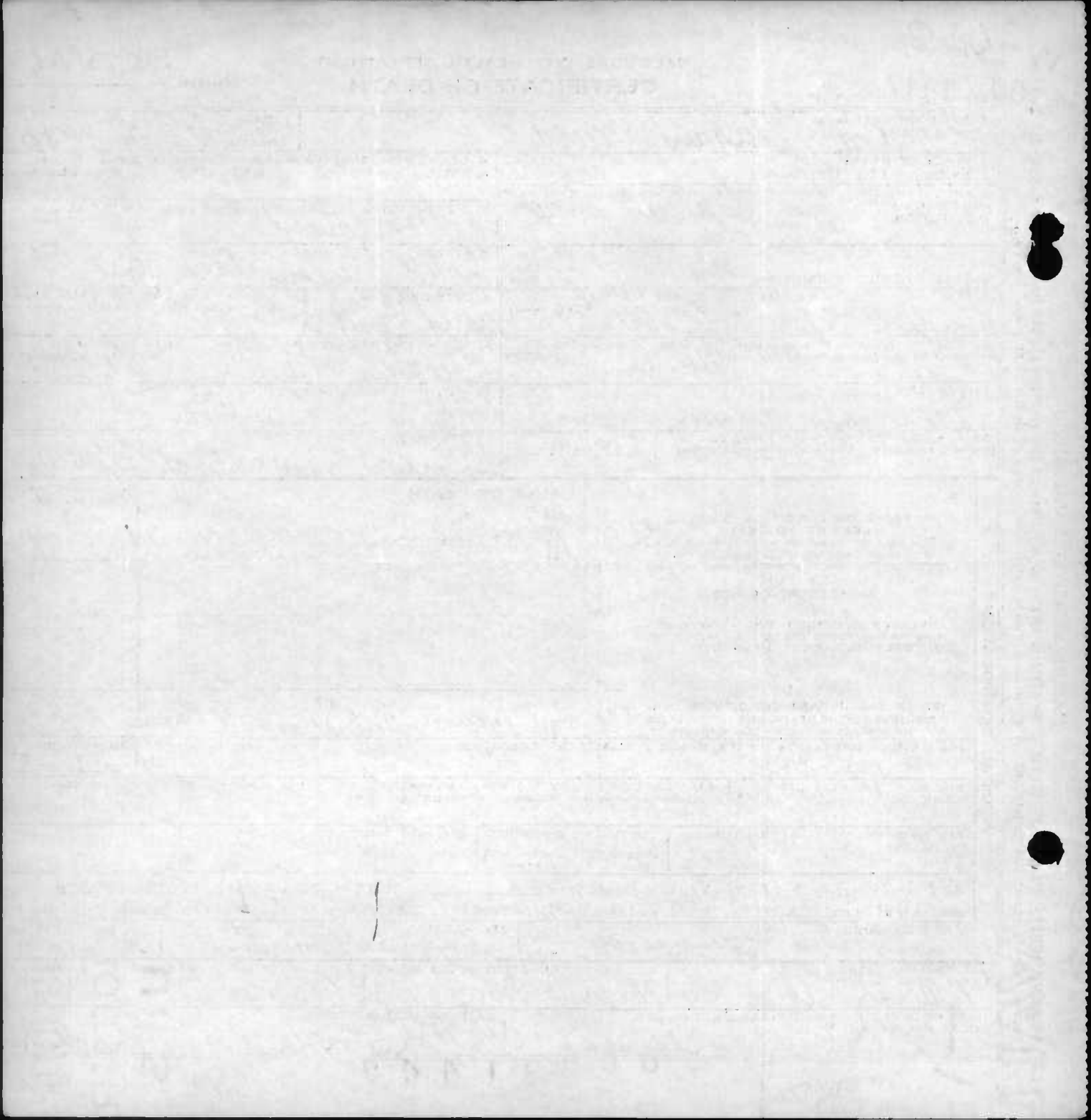
Wilmington Williams

25. FUNERAL DIRECTOR

Phillips American

ADDRESS

4510 Frederick Rd



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1448
Registered No. 50 1448

BIRTH NO. 50 1448

1. NAME OF DECEASED
(Type or Print) George N. Green

2. DATE OF DEATH 602 2-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Anne Arundel

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN Glen Burnie

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore
43 Yrs. Mos. Days

D. STREET ADDRESS (If rural, give location)

Box 369 R. F. D. #2

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 7-28-1902

9. AGE (In years last birthday) 47

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Green

14. MOTHER'S MAIDEN NAME Rachel Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Avis Green

ADDRESS John Burnie Md

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) 2402
DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Renal Calculi
DUE TO

several years

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia with septicemic illness

1 day

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-14, 1950, to 2-18, 1950 that I last saw the deceased alive on 2-18, 1950, and that death occurred at 12:26 A. M., from the causes and on the date stated above.

23A. SIGNATURE William B. Cooper

23B. ADDRESS South Balt. Gen. Hosp.

23C. DATE SIGNED 2/18/50

24A. BURIAL, CREMATION, REMOVAL

24B. DATE 2-21-50

24C. NAME OF CEMETERY OR CREMATORY Porters

24D. LOCATION (City, town, or county) A. A. Co. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950

REGISTRAR'S SIGNATURE Huntington Williams

25. FUNERAL DIRECTOR James A. Hayes

ADDRESS 608 N. 9th

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1449

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida Morrello. 521688

2. DATE
OF
DEATH

FEB 19 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore, 14-01

D. STREET ADDRESS (If rural, give location)

1708 Linden Ave

c. Length of stay in Baltimore

Life

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?10A. female white
Housewife

married

5-23-02 46

Balto Md

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Joseph Rosen

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Generalized sepsis and
infection.

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

Lupus Erythematosus Diseminata

1 year

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 11-23-1949 to 2-19-1950 that I last saw the
deceased alive on 2-19-1950, and that death occurred at 7:15 am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Evan Culkin M. D.

JOHNS HOPKINS HOSPITAL

2/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2-20-50

Beth Isaac

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

J. H. Williams

Jack Lewis

2100 E. Towson Rd

Exhibit 1 of the case of

John Doe

vs. Jane Doe

Produced by the Plaintiff

in accordance with the subpoena

issued by the Court

on the 1st day of June, 1999

at the Courtroom of the

United States District Court

for the District of Columbia

in Case No. 99-1234

Subscribed and sworn to before me

this 1st day of June, 1999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1450
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE TRIWAKS

2. DATE
OF
DEATH

2-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Levondale

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-00

c. Length of stay in Baltimore

10

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1702 Gataw Place

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (in years)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

58

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shipping Clerk

10B. KIND OF BUSINESS OR INDUSTRY

Dept Store

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Solomon

14. MOTHER'S MAIDEN NAME

Sophia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Johnanna Triwaks 1702 Gataw Pl

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

PYONEPHROSIS

INTERVAL BETWEEN
ONSET AND DEATH

years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

KIDNEY STONES

years

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Polycythemia

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-22 1950, to 2-19 1950, that I last saw the deceased alive on 2-19 1950, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Henry Nagel

23B. ADDRESS

Levondale Home

23C. DATE SIGNED

2-19-50

24A. BURIAL, CREMA-
TION (Specify)

24B. DATE

2-20-50

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md

25. FUNERAL DIRECTOR

Jack Lewis, 2100 Gataw Pl

ADDRESS

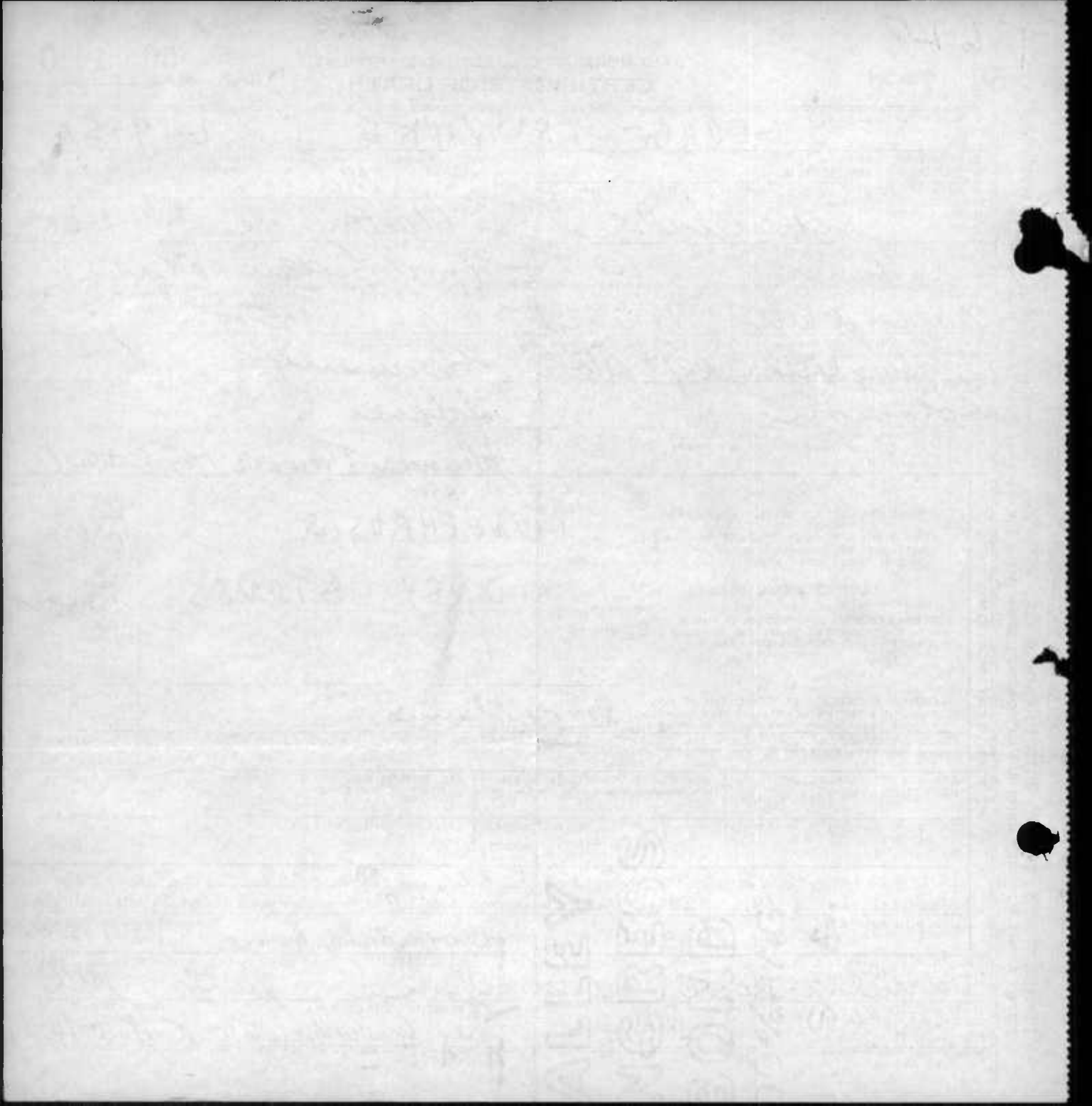
FEB 20 1950

VS 150

256 63

1452

126



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 443 50 1451

BIRTH NO. 50 1451

1. NAME OF DECEASED (Type or Print) HARK, Mrs. Eleanor Beatrice			2. DATE OF DEATH Feb. 18, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Home for INCURABLES			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-11		
c. Length of stay in Baltimore 10 YRS.			D. STREET ADDRESS (If rural, give location) — 4409 Underwood Rd.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 21, 1869	9. AGE (In years last birthday) 80 yrs.	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) MT. Joy Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Valentine Greiner			14. MOTHER'S MAIDEN NAME Harriett Dyer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. —	17. INFORMANT ADDRESS S.E. Ross - 700 W. 40th ST. BALTO. MD.		

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 1 day
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardio-Vasc. Disease 8 yrs +			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 13, 1948 , to February 18, 1950 , that I last saw the deceased alive on February 17, 1950 , and that death occurred at 8:10 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Thomas Conrad Wolff		23B. ADDRESS 11 E. Chase St. Baltimore Md.	
23C. DATE SIGNED Feb. 18 1950			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2/20/50	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville Md.
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950		REGISTRAR'S SIGNATURE William J. Tickner	
25. FUNERAL DIRECTOR WM. J. TICKNER & SONS		ADDRESS Balto., Md.	

VS 150

1 5 5 0 0 0 0 1 4 5 3 937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1924 43. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839

21230 21231 21232 21233 21234

Abstract

• *Chrysomelidae*

1900-1901

... ..

4940

4-18 Pol. Sci. 100

1992

1911

F2.3 Aukulyanovskiy ul. T.V.

• • • • •

2045 - Thompson

1950-1951

THE UNIVERSITY OF CHICAGO

12

Carroll County, Md.

Hydrocotyle umbellata L.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 443 50 1452

BIRTH NO. 50 1452

1. NAME OF DECEASED
(Type or Print)

LULU BENNETT

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Paul Nursing Home
2305 St. Paul St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

401 S. Cornwall St.

c. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widow

8. DATE OF BIRTH

Nov. 28, 1865

9. AGE (In years last birthday)

84

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. F. C. Link 3517 Liberty Hgts. Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral hemorrhage, hemiplegia.

36 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive, arteriosclerotic
cardiovascular disease

?

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 16, 1950 to Feb 16, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Hyman Schiff M.D.

23B. ADDRESS

3426 Bank St.

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

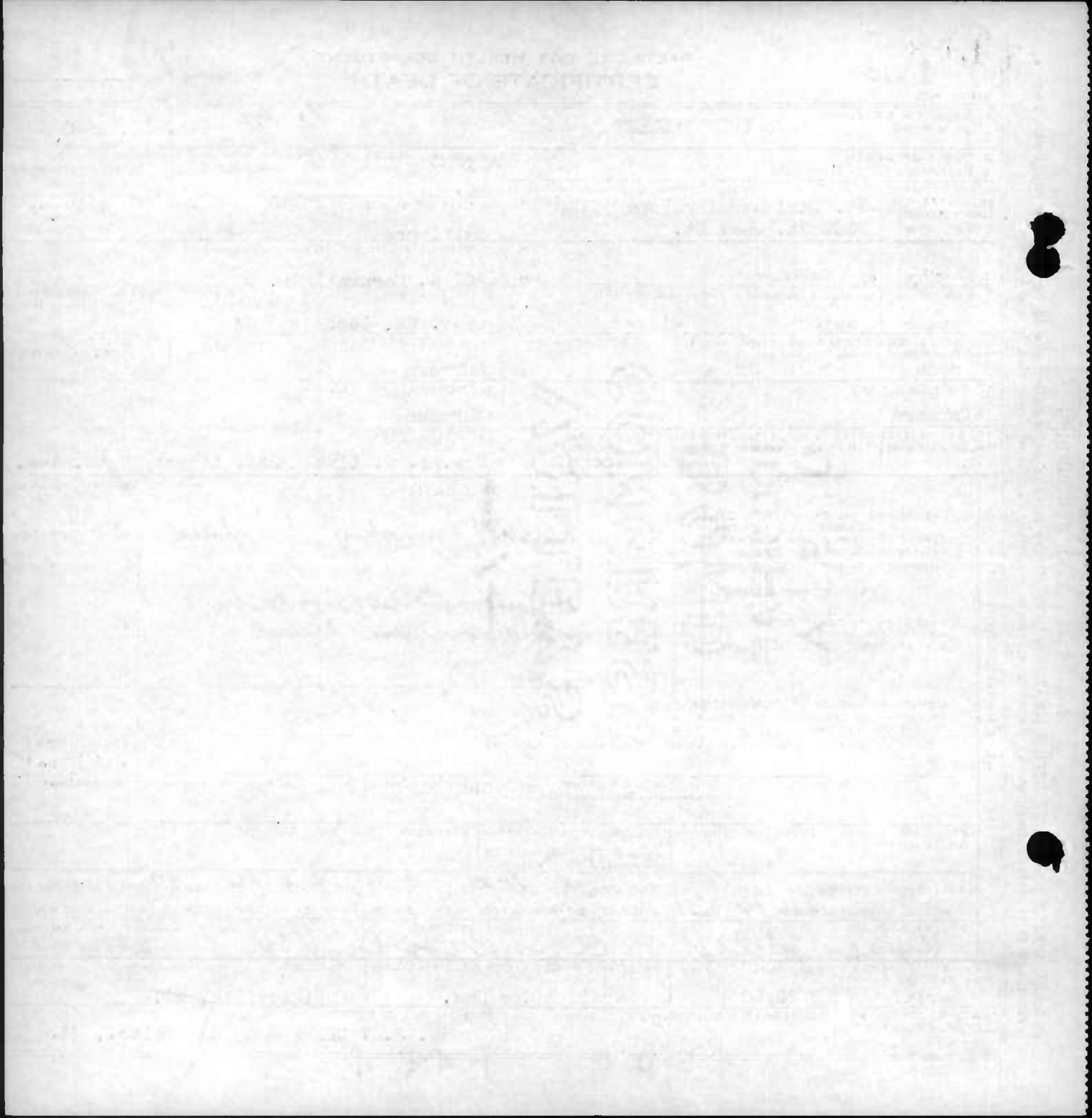
25. FUNERAL DIRECTOR

ADDRESS

WM. J. TICKNER & SONS

Balto., Md.

FEB 20 1950



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1453 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA KUHN

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

919 N. Bentalou St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

919 N. Bentalou St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Oct. 9, 1867

9. AGE (In years
last birthday)

82

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

- Leicht

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or onkoowo) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mr. Joseph G. Kuhn

640 Aldershot Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Epithelioma of nose

3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 25, 1948, to Feb 18, 1950 that I last saw the
deceased alive on Feb 17, 1950, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert J. Schohar

M. D.

23B. ADDRESS

2302 Edmonston Ave

23C. DATE SIGNED

2/18/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2.21.50

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

Wm. J. Tickner & Sons

25. FUNERAL DIRECTOR

WM. J. TICKNER & SONS

ADDRESS

Balto., Md.

CERTIFICATE OF DEATH

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

PLACE OF ENTRY

DATE OF DEPARTURE

PLACE OF DEPARTURE

DATE OF RETURN

PLACE OF RETURN

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1454

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence M. Lublin

2. DATE
OF
DEATHFeb 17th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1820 Rutland Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1820 Rutland Ave

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 9th 1884

9. AGE (In years,

last birthday)

65

H Under 1 Year

Months: Days

H Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Station Engineer

10B. KIND OF BUSINESS OR INDUSTRY

Scholl Board

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wm M. Lublin

14. MOTHER'S MAIDEN NAME

Elizabeth M. Abree

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mabel M. Lublin, 1820 Rutland Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Myocardial infarction

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic + hypertensive cardiovascular disease

several years

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 9/16/48, 19, to 2/17/1950, that I last saw the deceased alive on 1/31/1950, and that death occurred at 7 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Maurice Friedman

M. D.

23B. ADDRESS

1737 E. North Avenue

23C. DATE SIGNED

2/18/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 20th 1950

24C. NAME OF CEMETERY OR CREMATORY

Morelands Memorial Park

24D. LOCATION (City, town, or county)

Taylor Ave

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams, M.D.

25. FUNERAL DIRECTOR

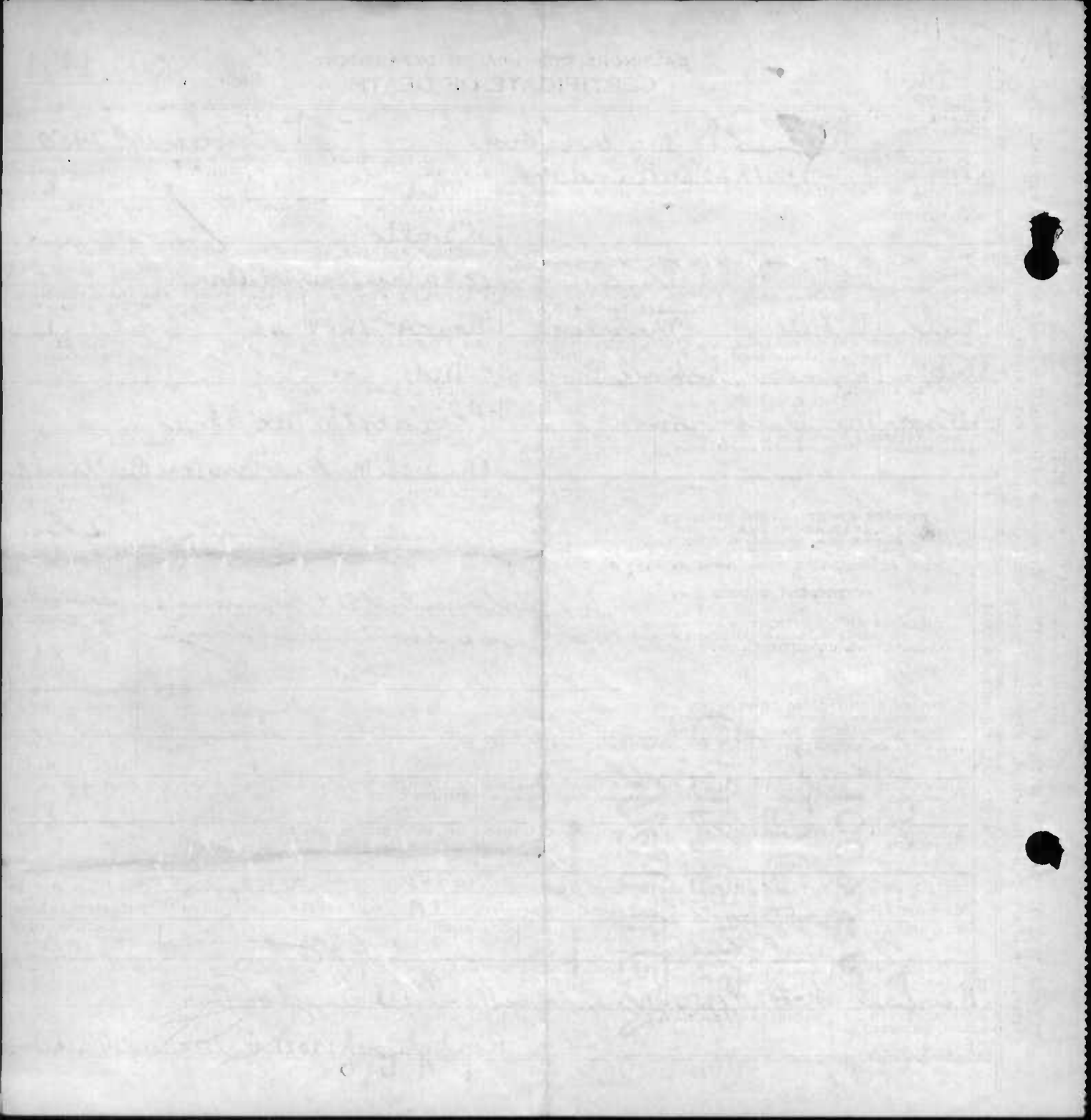
Geo. S. Booth 1703 N. Patterson Park Ave

ADDRESS

FEB 20 1950

VS 150

44298 500001456 93D



L-520

50 1455

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1455

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Frank M. Lang

2. DATE
OF
DEATHFeb 19th 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1230 N. Elwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-03

D. STREET ADDRESS (If rural, give location)

1230 N. Elwood Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 21st 18909. AGE (In years
last birthday)

59

If Under 1 Year
Months; DaysIf Under 24 Hours
Hours; Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pressman

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Lang

14. MOTHER'S MAIDEN NAME

—

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. E. Lang 1230 N. Elwood Ave

18.

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Chr. myocarditis & cardiac
insufficiencyINTERVAL BETWEEN
ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

(B)

DUE TO

Hypertension

10 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Generalized hypertrophic arthritis 10 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Oct. 1, 1947, to 19 Feb., 1950, that I last saw the
deceased alive on 19 Feb., 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis E. Wice

M. D.

23B. ADDRESS

920 St. Paul St.

23C. DATE SIGNED

20 Feb. '50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb 21st 1950

Balto National

Fredrick Road

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

Livingston Williams, M.D.

Leslie Leigh 1703 N. Patterson Park Ave

VS 150

49647

50000

1457

93C

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of burial place		17. Signature of interment		18. Signature of burial	
19. Signature of burial		20. Signature of burial		21. Signature of burial	
22. Signature of burial		23. Signature of burial		24. Signature of burial	
25. Signature of burial		26. Signature of burial		27. Signature of burial	
28. Signature of burial		29. Signature of burial		30. Signature of burial	
31. Signature of burial		32. Signature of burial		33. Signature of burial	
34. Signature of burial		35. Signature of burial		36. Signature of burial	
37. Signature of burial		38. Signature of burial		39. Signature of burial	
40. Signature of burial		41. Signature of burial		42. Signature of burial	
43. Signature of burial		44. Signature of burial		45. Signature of burial	
46. Signature of burial		47. Signature of burial		48. Signature of burial	
49. Signature of burial		50. Signature of burial		51. Signature of burial	
52. Signature of burial		53. Signature of burial		54. Signature of burial	
55. Signature of burial		56. Signature of burial		57. Signature of burial	
58. Signature of burial		59. Signature of burial		60. Signature of burial	
61. Signature of burial		62. Signature of burial		63. Signature of burial	
64. Signature of burial		65. Signature of burial		66. Signature of burial	
67. Signature of burial		68. Signature of burial		69. Signature of burial	
70. Signature of burial		71. Signature of burial		72. Signature of burial	
73. Signature of burial		74. Signature of burial		75. Signature of burial	
76. Signature of burial		77. Signature of burial		78. Signature of burial	
79. Signature of burial		80. Signature of burial		81. Signature of burial	
82. Signature of burial		83. Signature of burial		84. Signature of burial	
85. Signature of burial		86. Signature of burial		87. Signature of burial	
88. Signature of burial		89. Signature of burial		90. Signature of burial	
91. Signature of burial		92. Signature of burial		93. Signature of burial	
94. Signature of burial		95. Signature of burial		96. Signature of burial	
97. Signature of burial		98. Signature of burial		99. Signature of burial	
100. Signature of burial		101. Signature of burial		102. Signature of burial	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Mary J. Lacey*2. DATE
OF
DEATH*2-17-50*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

*1126 W. Franklin**Balto.**18-02*

C. Length of stay in Baltimore

*4 yrs*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1126 W. Franklin St.

5. SEX

F

6. COLOR OR RACE

*C*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*W*

8. DATE OF BIRTH

*2-2-1872*9. AGE (In years
last birthday)*78*10. Under 1 Year
Months: Days*0 15*11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Domestic*10B. KIND OF BUSINESS OR
INDUSTRY*at home*

11. BIRTHPLACE (State or foreign country)

*Waterbury, Md*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

John Grayson

14. MOTHER'S MAIDEN NAME

*Margaret Bowie*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Maudie Jennings - 1126 W. Franklin

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

*Arteriosclerotic cardio
vascular disease*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

*Senility
Hemiplegia*

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 28, 1950* to *Feb 17, 1950* that I last saw the
deceased alive on *Feb 12, 1950* and that death occurred at *8 p.m.* from the causes and on the date stated above.

23A. SIGNATURE

J. J. Thompson

M. D.

23B. ADDRESS

1422 E. Ross Street

23C. DATE SIGNED

*2/18/50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*B.*

24B. DATE

2/21/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

*Md*DATE RECEIVED BY
LOCAL REGISTRAR*FEB 20 1950*

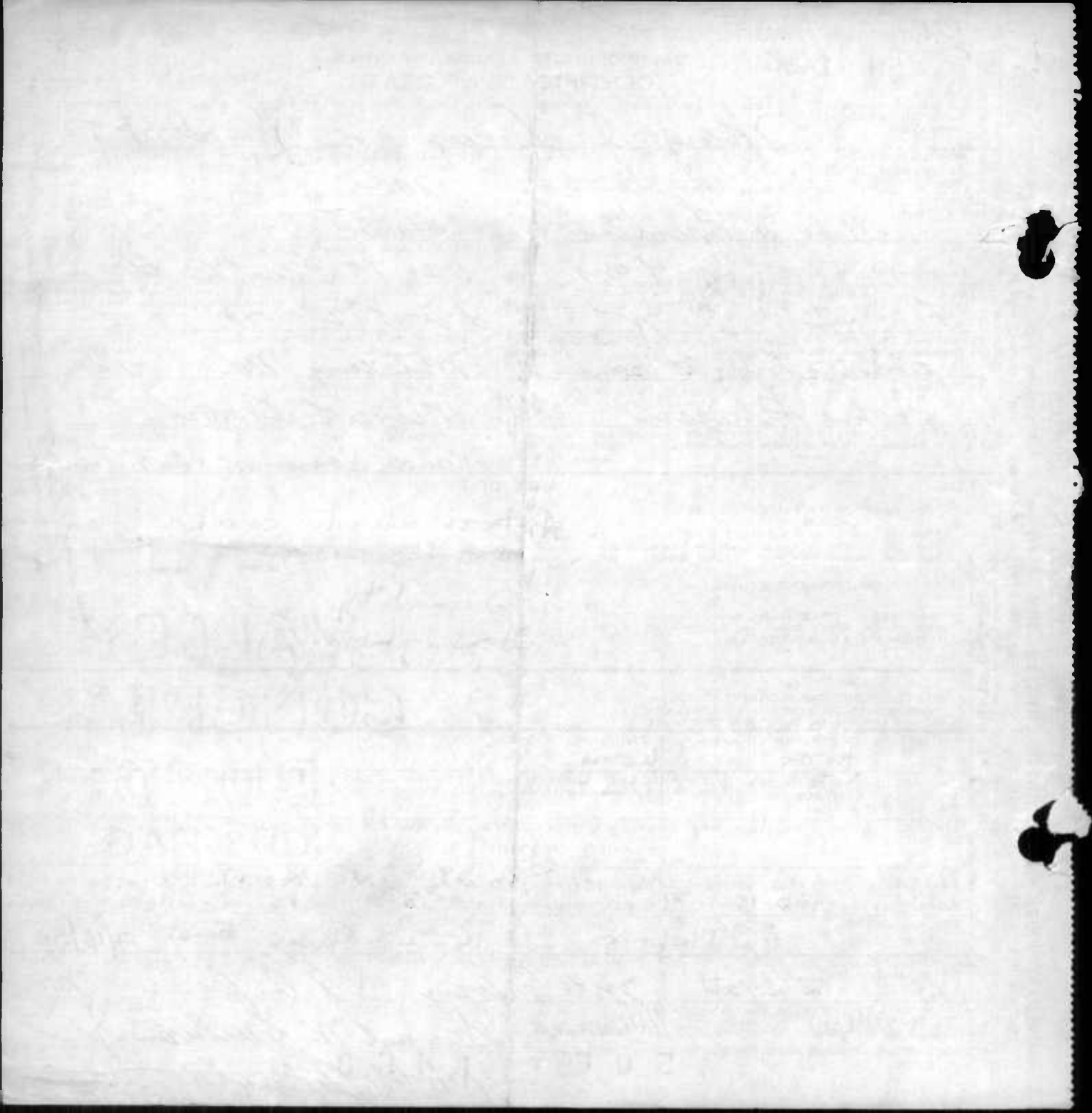
REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*Samuel W. Sullivan Jr**1011 N. Calington Ave*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1457
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rudolph Heward

2. DATE OF DEATH
4/20/51 2-15-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Anne Arundel County

D. STREET ADDRESS (If rural, give location)

Elvaton Acres

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/20/1898

9. AGE (In years last birthday)

51

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

unknown SOLDIER

10B. KIND OF BUSINESS OR INDUSTRY

USA

11. BIRTHPLACE (State or foreign country)

Crisfield Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Heward

14. MOTHER'S MAIDEN NAME

Maggie Carter Clinton Md. A. A. Co.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-01-6465

17. INFORMANT

Mrs. Mary Heward

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Acute myocardial infarction 15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertension

4 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

arteriosclerosis
macrocytic anemia

unknown

2 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-50, 19, to 2-15-50, 19, that I last saw the deceased alive on 2-15-50, 19, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Randall M. McHughlin M. D.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Baltimore, Ind.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard Rusk 5305 Hayford Rd.

STATE OF TEXAS

IN SENATE,
January 10, 1901.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1458

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEIGER, Wesley 340.1

2. DATE
OF
DEATH

2-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION
(If not in hospital or institution, give street address or location)

38

University Hospital

Yrs.
Mos.
Days

c. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

D. STREET ADDRESS (If rural, give location)

3004 Hiss Ave

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

June 19-1892

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

UNKNOWN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hillmington - Del

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles W Geiger

14. MOTHER'S MAIDEN NAME

Anne R Bauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Charles Geiger - 3004 Hiss

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Meningitis, pneumococcal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Pneumonia

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/14/50

19B. MAJOR FINDINGS OF OPERATION

TRACHEOTOMY - Aspirated vomitus, exudate

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g. in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

M.

WHILE AT

WORK

NOT WHILE

AT WORK

22. I hereby certify that I attended the deceased from 2/12 1950 to 2/19 1950, that I last saw the
deceased alive on 2/18 1950, and that death occurred at 5:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James M. Bismar

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

2/19/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-21-50

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J Luck - 5305 Harford

STATE OF NEW YORK
DEPARTMENT OF HEALTH

OFFICE OF THE COMMISSIONER

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

ALBANY, N. Y.

JANUARY 1, 1911

TO THE COMMISSIONER

OF THE DEPARTMENT OF HEALTH

STATE OF NEW YORK

B-400 Dr. Grott

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1459

50 BIRTH NO. 1459

1. NAME OF DECEASED
(Type or Print)

Frank J. Bohli

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3908 Hamilton Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

27-04A

D. STREET ADDRESS (If rural, give location)

3908 Hamilton Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Aug. 6, 1881

9. AGE (In years
last birthday)

68

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Rec. Clerk, Loewy Drug

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ignatius Bohli

14. MOTHER'S MAIDEN NAME

Philamina Kircher

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Julia Bohli, 3908 Hamilton Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary thrombosis

14 mths.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive COD

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 21, 1950, to Feb. 18, 1950, that I last saw the
deceased alive on Feb. 17, 1950, and that death occurred at 3:14 a.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Grott

23B. ADDRESS

8100 Harford Road, Baltimore

23C. DATE SIGNED

Feb. 18, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-21-50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck, 5305 Harford Road.

FEB 20 1950

VS 150

22617

500001461

937

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

S-520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1460
Registered No.

BIRTH NO. 1160

1. NAME OF DECEASED
(Type or Print)

Samuel J. Simmons

2. DATE
OF
DEATH

2/12/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3215 Taylor Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md 27-05

D. STREET ADDRESS (If rural, give location)

3215 Taylor Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Jan. 4-1879

9. AGE (In years last birthday)

71

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired R.R.

10B. KIND OF BUSINESS OR INDUSTRY

Engineer

11. BIRTHPLACE (State or foreign country)

Baltimore Co Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Isaac Simmons

14. MOTHER'S MAIDEN NAME

Mary Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

716-12-3712

17. INFORMANT

ADDRESS

Mrs. Elizabeth Simmons - 3215 Taylor

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

A.C.V disease to Aortic Fibrillation

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. L. Lubinski

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED

2/12/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2-24-50

24C. NAME OF CEMETERY OR CREMATORY

Woodlawn

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Leonard J. Luck

ADDRESS

5305 Bayford Rd

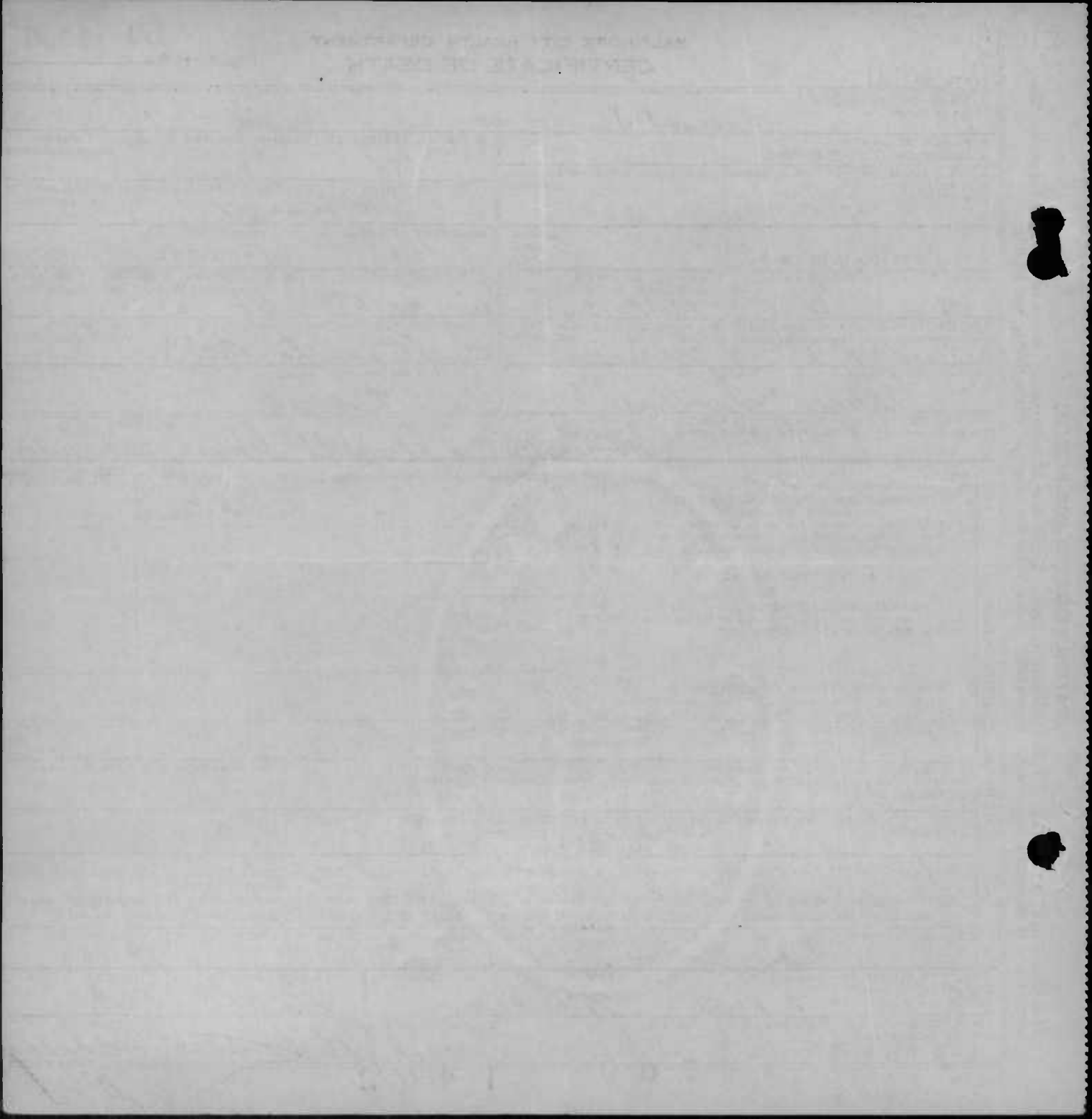
VS 151

32247 50001462 93D

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1461

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MELVIN DAVID MONTAGUE

2. DATE
OF
DEATH

February 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
MarylandC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1215 E. Lexington Street

C. Length of stay in Baltimore

20yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Separated

8. DATE OF BIRTH

3/25/1901

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR
INDUSTRY

Hotel

11. BIRTHPLACE (State or foreign country)

Endfield, N.C.

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Doek Montague

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

578-18-2954

17. INFORMANT

ADDRESS

Annie Hawkins(S) 14 River Pl. Bklyn. N.Y.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of tonsil

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. J. McClafferty

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....23C. DATE SIGNED
2-16-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Balto. Md.

ADDRESS

Charles G. Cooper-512 N. Carrollton Av.

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

Trustington Williams, M.D.

25. FUNERAL DIRECTOR

VS 151

72087 101500001463

45F

CERTIFICATE OF DEATH

Date

of

at

County of

State of

Age

Sex

Marital Status

Occupation

Cause of Death

Place of Death

Time of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of

Signature of

Signature of

Signature of

Signature of

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50. 1462

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LULA WATERS

(Waters)

2. DATE
OF
DEATH

Feb. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

415 N. Pearl St

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 22, 1889

9. AGE (In years, last birthday)

60

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Georgia

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Ham Oliver

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Mack Waters 415 N. Pearl St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A)
DUE TO

Carcinoma of stomach

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO

Metastases of liver

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 17, 1948, to February 17, 1950, that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Budial

24B. DATE

2-21-50

24C. NAME OF CEMETERY OR CRIMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

Wm. H. Williams, M.D.

(Mrs) Frances A. Hemsley

518 W. Biddle St.

VALLEY
CENTRALS
BOOKS
INCORPORATED
JAN 1955

N-4000
50 1463

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-20-50
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1463

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT W. NEAL

2. DATE
OF
DEATH

2/17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maywood General

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

416 N. East Ave #24

c. Length of stay in Baltimore

41 years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 1, 1892

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mockery

10B. KIND OF BUSINESS OR INDUSTRY

Marboro Shirt Co.

11. BIRTHPLACE (State or foreign country)

Eastern Shore, Md.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Robert Neal

14. MOTHER'S MAIDEN NAME

Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Genevieve Neal, 416 N. East Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Cor Pulmonale

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bronchial asthma & emphysema of lungs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK

AT WORK

22. I hereby certify that I attended the deceased from 2/16, 1950, to 2/17, 1950, that I last saw the deceased alive on 2/16, 1950, and that death occurred at 7:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

4430 Belair Rd., Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

Schimunek Funeral Home, Inc.

1601 1/2 E. Madison St.

VS 150

32606

94a

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of birth		6. Usual residence		7. Cause of death		8. Manner of death	
9. Occupation		10. Education		11. Marital status		12. Date of marriage	
13. Name of physician		14. Name of funeral director		15. Name of undertaker		16. Name of cemetery	
17. Name of registrar		18. Name of informant		19. Name of witness		20. Name of witness	
21. Name of witness		22. Name of witness		23. Name of witness		24. Name of witness	
25. Name of witness		26. Name of witness		27. Name of witness		28. Name of witness	
29. Name of witness		30. Name of witness		31. Name of witness		32. Name of witness	
33. Name of witness		34. Name of witness		35. Name of witness		36. Name of witness	
37. Name of witness		38. Name of witness		39. Name of witness		40. Name of witness	
41. Name of witness		42. Name of witness		43. Name of witness		44. Name of witness	
45. Name of witness		46. Name of witness		47. Name of witness		48. Name of witness	
49. Name of witness		50. Name of witness		51. Name of witness		52. Name of witness	
53. Name of witness		54. Name of witness		55. Name of witness		56. Name of witness	
57. Name of witness		58. Name of witness		59. Name of witness		60. Name of witness	
61. Name of witness		62. Name of witness		63. Name of witness		64. Name of witness	
65. Name of witness		66. Name of witness		67. Name of witness		68. Name of witness	
69. Name of witness		70. Name of witness		71. Name of witness		72. Name of witness	
73. Name of witness		74. Name of witness		75. Name of witness		76. Name of witness	
77. Name of witness		78. Name of witness		79. Name of witness		80. Name of witness	
81. Name of witness		82. Name of witness		83. Name of witness		84. Name of witness	
85. Name of witness		86. Name of witness		87. Name of witness		88. Name of witness	
89. Name of witness		90. Name of witness		91. Name of witness		92. Name of witness	
93. Name of witness		94. Name of witness		95. Name of witness		96. Name of witness	
97. Name of witness		98. Name of witness		99. Name of witness		100. Name of witness	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

50 1464
Registered No. 57

BIRTH NO. 50 1464

1. NAME OF DECEASED (Type or Print) EDITH ANNIE LEWIS			2. DATE OF DEATH Feb. 19, 1950		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY -----		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home: 2212 St. Paul Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City 12-06		
c. Length of stay in Baltimore about 8 years Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2212 St. Paul Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 10, 1894		9. AGE (In years last birthday) 55
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (HOUSEWIFE)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) England		12. CITIZEN OF WHAT COUNTRY? Great Britain
13. FATHER'S NAME (?) - Frederick Bushell			14. MOTHER'S MAIDEN NAME (?) - Helen Bartlett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT (husband): ADDRESS Mr. Frank J. Lewis - 2212 St. Paul, City		

18. I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma, Pancreas DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 yrs.		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11, 1948 , to Feb. 19, 1950 , that I last saw the deceased alive on Feb. 18, 1950 , and that death occurred at 1:54 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John F. Schaefer M. D.		23B. ADDRESS 2128 St. Paul St.		23C. DATE SIGNED Feb. 19, 1950	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE Feb. 21, 1950		24C. NAME OF CEMETERY OR CREMATORY Saters Cemetery	
24D. LOCATION (City, town, or county) (State) Balto. Co., Maryland		25. FUNERAL DIRECTOR ADDRESS Stewart & Mowen Company - 108 W. North Av.			

CERTIFICATE OF ADOPTION

IN SENATE, January 1, 1901.

REPORT OF THE

COMMISSIONERS OF THE

LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

ON JANUARY 1, 1901.

ALBANY:

THE STATE PRINTING OFFICE,

1901.

THE STATE OF NEW YORK.

SENATE.

REPORT OF THE

COMMISSIONERS OF THE

LAND OFFICE

IN RESPONSE TO A RESOLUTION

PASSED BY THE SENATE

ON JANUARY 1, 1901.

F-326

50 1465

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1465

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Fitzgerald

2. DATE
OF
DEATH

FEB 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

32 W. Lombard Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10 Under 1 Year

11 Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AUTO MECHANIC

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

William Cross

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Uremia

DUE TO

2-3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Hypertensive cardiovascular disease

DUE TO

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-7-1950, to 2-17-1950, that I last saw the deceased alive on 2-17-1950, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William W. Winterhake

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Feb 17 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

2/20/50

Mt Calvary

Brooklyn Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

Joseph L. Burns

1200 N. Calhoun St

VS 150

33284

937

CERTIFICATE OF DEATH

Walter H. [illegible]

Age

Residence

Place of Birth

Date of Death

Time of Death

Place of Death

Cause of Death

Signature of Physician

Signature of Coroner

Signature of Registrar

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

Signature of [illegible]

W-420
50 1466BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1466

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Celia Mills

2. DATE
OF
DEATH

FEB 17 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-01

D. STREET ADDRESS (If rural, give location)

516 N. Carey St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Female

Colored

Married

3-10-89

60

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Domestic

Maryland

U.S.A.

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

Raspy Conter

Cordia Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Encephalomalacia due
to Cerebral Arterio-

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Sclerosis

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 1-22-1950 to 2-17-1950, that I last saw the deceased alive on 2-17-1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

David L. Burns

M. D.

JOHNS HOPKINS HOSPITAL

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

2/21/50

Halls Creek

Calvert County Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington W. A. ...

Pinkney & Swell Prince Frederick Md.

1000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1467

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Rogers

2. DATE
OF DEATH

Feb. 19 - 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland Franklin Square Hoops

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hoops

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

18-03

D. STREET ADDRESS (If rural, give location)

831 W Lombard St

c. Length of stay in Baltimore

58 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 26 1891

9. AGE (In years,
last birthday)

58

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

Yes

13. FATHER'S NAME

Vincent Stepanavicius

14. MOTHER'S MAIDEN NAME

Rose Urban

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Rogers 831 W Lombard St

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

MASSIVE Cerebral Hemorrhage.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-16, 1950 to 2-19, 1950, that I last saw the deceased alive on 2-19, 1950, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ben Blum

M. D.

23B. ADDRESS

Franklin St Hoops

23C. DATE SIGNED

Feb 19 - 50.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb 22 1950

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Ch

24D. LOCATION (City, town, or county)

Belair Rd Balt Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

William J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Joseph Kasynski Inc 602 Wash Bldg

2



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1468

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Schaffer, Carl J.

2. DATE
OF
DEATH

Feb 16 - 50

3. PLACE OF DEATH:

A. Baltimore City, Maryland S. Baltimore Gen Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CEREBRAL HEMORRHAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) MALIGNANT NEPHROSCLEROSIS

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) BENIGN PROSTATIC HYPERTROPHY

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

22. I hereby certify that I attended the deceased from 7/16, 1950, to 2/16, 1950, that I last saw the deceased alive on 2/16, 1950, and that death occurred at 5:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

VS 150

71071

121a

REPORT OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 1, 1901

ALBANY:
J. B. LEECH, PRINTER.
1901.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1469

BIRTH NO. 50 1469 50-00960

1. NAME OF DECEASED
(Type or Print)

Earl Roe

2. DATE
OF
DEATH

2-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived; If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

St Agnes Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 27 (Halethorpe)

D. STREET ADDRESS (If rural, give location)

5563 Ashbourne Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

JAN. 14, 1950

9. AGE (in years
last birthday)

11 Months: Days

14 Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

OTIS ALVIN ROE

14. MOTHER'S MAIDEN NAME

ELIZABETH ROSSER KENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

OTIS A. ROE 5563 ASHBOURNE RD.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, assthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO

1/2 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aspiration Foreign Body (Nipple)

DUE TO

1/2 hr.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY ☒ OR CONTRIBUTING ☐
CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

5563 Ashbourne Ave

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

2 18 50 45

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Bab. aspirated cotton filled nipple.

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Robert B. McEadden

23B. CHIEF MEDICAL EXAMINER ☐

M.D.

23C. DATE SIGNED

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

2/21/50

24C. NAME OF CEMETERY OR CREMATORY

GLEN HAVEN CEM.

24D. LOCATION (City, town, or county)

GLEN BURNIE MD

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

T. J. Williams

25. FUNERAL DIRECTOR

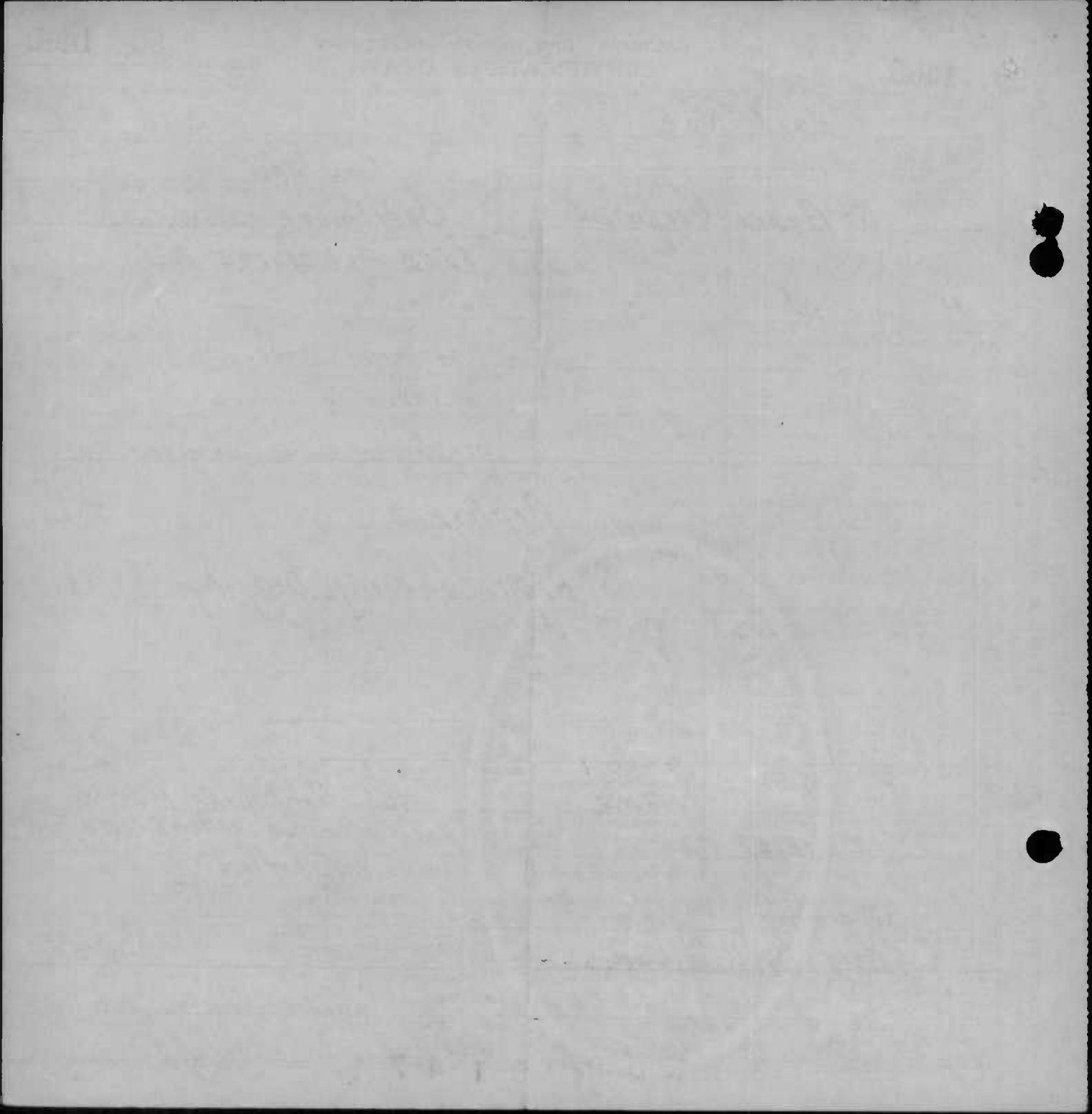
ADDRESS

J. L. Williams Jr. 1328 Dufferin Rd.

FEB 20 1950

VS 151

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



H-534
50 1470BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1470

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jewel Huntley

2. DATE
OF
DEATH

2-16-58

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Providence Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

10-01

D. STREET ADDRESS (If rural, give location)

1200 N. Eden St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 20, 1917

9. AGE (In years
last birthday)

37

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Jones

14. MOTHER'S MAIDEN NAME

Hopie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Eddie Huntley 1200 N. Eden St

18.

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Renal insufficiency

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

13 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Malignant hypertension

DUE TO

Unset.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/3/58, 1958, to 2/16/58, 1958, that I last saw the
deceased alive on 2/16, 1958, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lorris C. Jones, M.D.

23B. ADDRESS

Providence Hosp.

23C. DATE SIGNED

2-17-58

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

Feb 20/58

24C. NAME OF CEMETERY OR CREMATORY

Mt. CALVARY Cem.

24D. LOCATION (City, town, or county)

Arden Heights Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Robert A. Elliott & Daughter

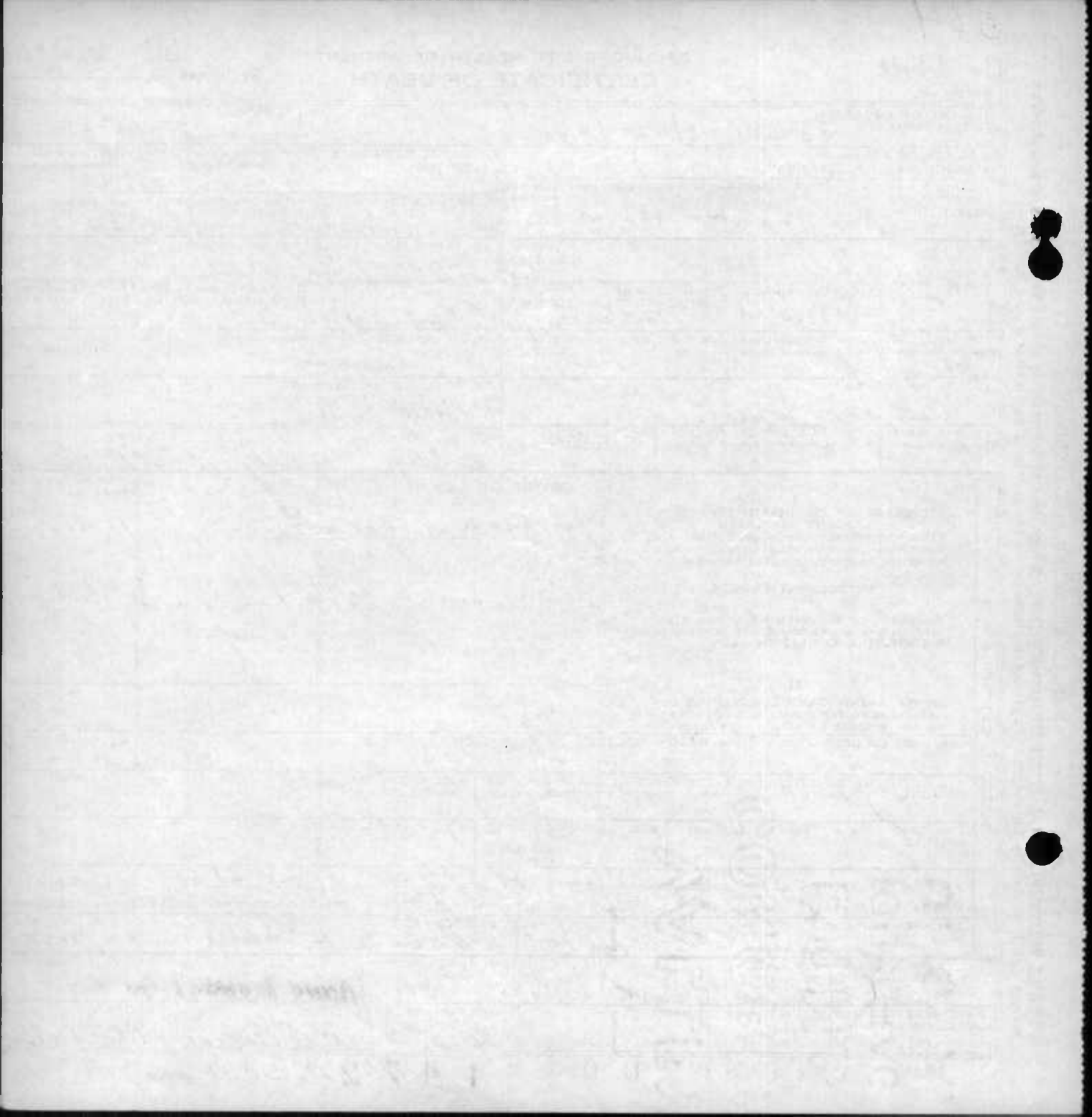
FEB 20 1958

VS 150

109500073547227 N. Caroline St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

50 1471

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Piety Zantfred Byrd

2. DATE
OF
DEATH

2-16-1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Baltimore City Hospitals

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1616 E. Biddle ST.

c. Length of stay in Baltimore

25 Yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 23 -1886

9. AGE (In years
last birthday)

63 Yrs.

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: M/n.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Baltimore Steel Co.

11. BIRTHPLACE (State or foreign country)

Ala.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jerry Byrd

14. MOTHER'S MAIDEN NAME

Mattie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records B.C.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Infarction Both lower lobes

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Arteriosclerotic Heart Disease

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Lobar Pneumonia R L L, RML.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ No ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 2-10-1950, to 2-16-1950 that I last saw the deceased alive on 2-16-1950, and that death occurred at 4.10 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

B.C.H. 4940 Eastern Ave.

2-16-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

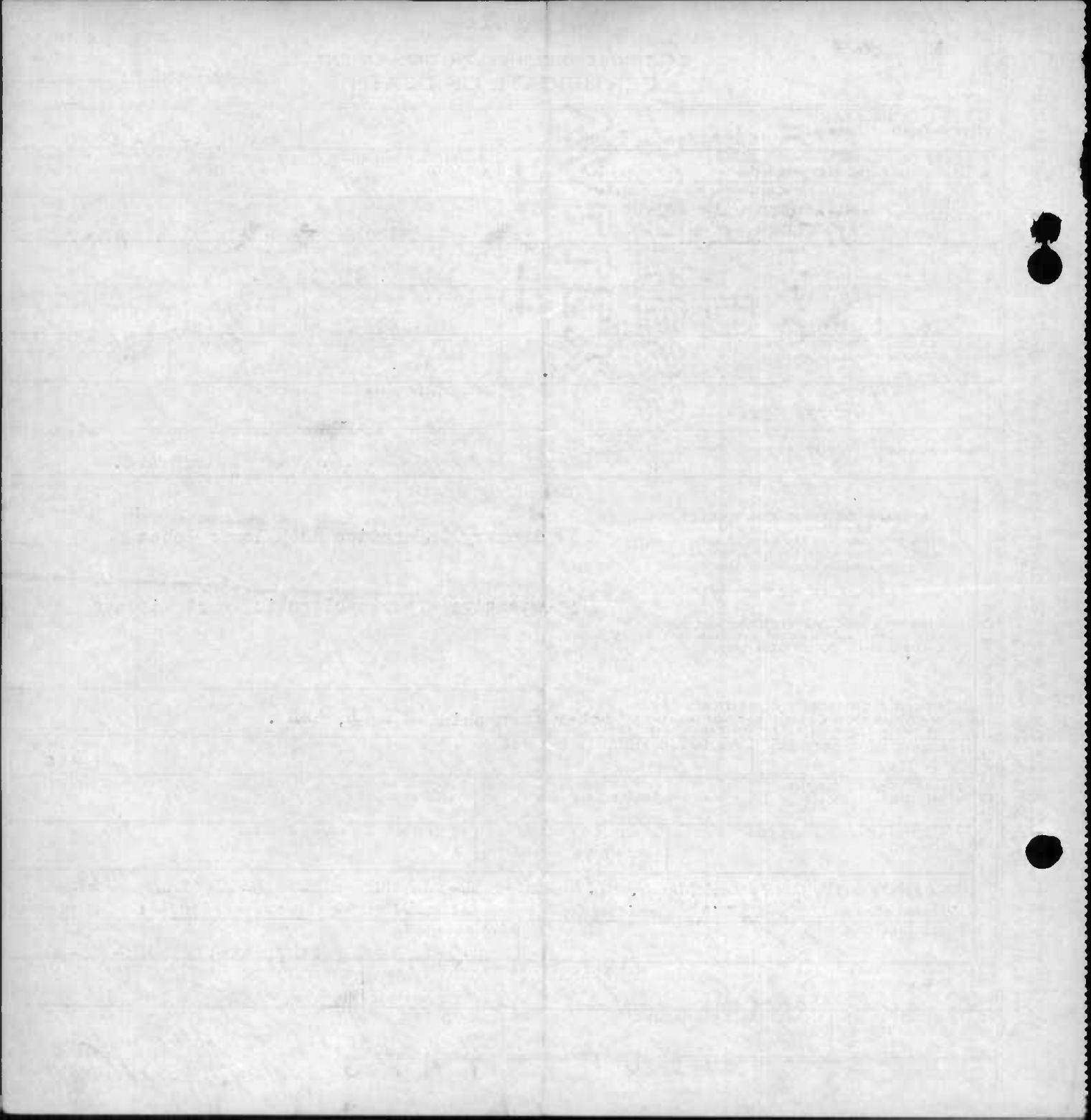
FEB 20 1950

VS 150

98829

108

11297 Caroline St



K-340

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Keithley
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1472

BIRTH No.

1. NAME OF DECEASED
(Type or Print)

Belle Keithley

2. DATE
OF
DEATH

February 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

5601 Carter Ave.

c. Length of stay in Baltimore

35 years.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 6th 1861

9. AGE (In years

last birthday)

88

10 Under 1 Year

Months

4

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Keithley

14. MOTHER'S MAIDEN NAME

Catherine Pullum

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Peritonitis

4.8 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Rupture pelvic abscess

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2/19/50

19B. MAJOR FINDINGS OF OPERATION

Ruptured Pelvic abscess

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-19, 1950, to 2-19, 1950, that I last saw the deceased alive on 2-19, 1950, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Samuels

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

2/20/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 22, 1950

24C. NAME OF CEMETERY OR CREMATORY

Smith Chapel cemetery

24D. LOCATION (City, town, or county)

Churchville Harford Co Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

100 500 001 457 4

Henry Tarrington and Sons, a heraldic and

CERTIFICATE OF DEATH

IN THE CITY AND COUNTY OF DENVER

DECEASED

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50 1473
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Robinson

2. DATE OF DEATH
Feb. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1408 Brunt St.

c. Length of stay in Baltimore

46 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 3, 1896

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days Hours: Min.

12. CITIZEN OF WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Contractor

11. BIRTHPLACE (State or foreign country)

Lancaster, Va.

13. FATHER'S NAME

Albert Robinson

14. MOTHER'S MAIDEN NAME

Fannie Toles

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs. Marie Robinson 1408 Brunt St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Arteriosclerotic cardio-vascular disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Ins. & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. J. Mc Clafferty

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

Feb. 18, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 20, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

11641 Brusa Hill Ave.

STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE

OFFICE OF THE COMMISSIONER

ALBANY, N. Y.

JANUARY 1, 1904

TO THE HONORABLE

THE SENATE

AND

THE ASSEMBLY

IN SENATE

January 1, 1904

REPORT

OF THE

COMMISSIONER

OF AGRICULTURE

FOR THE YEAR

1903

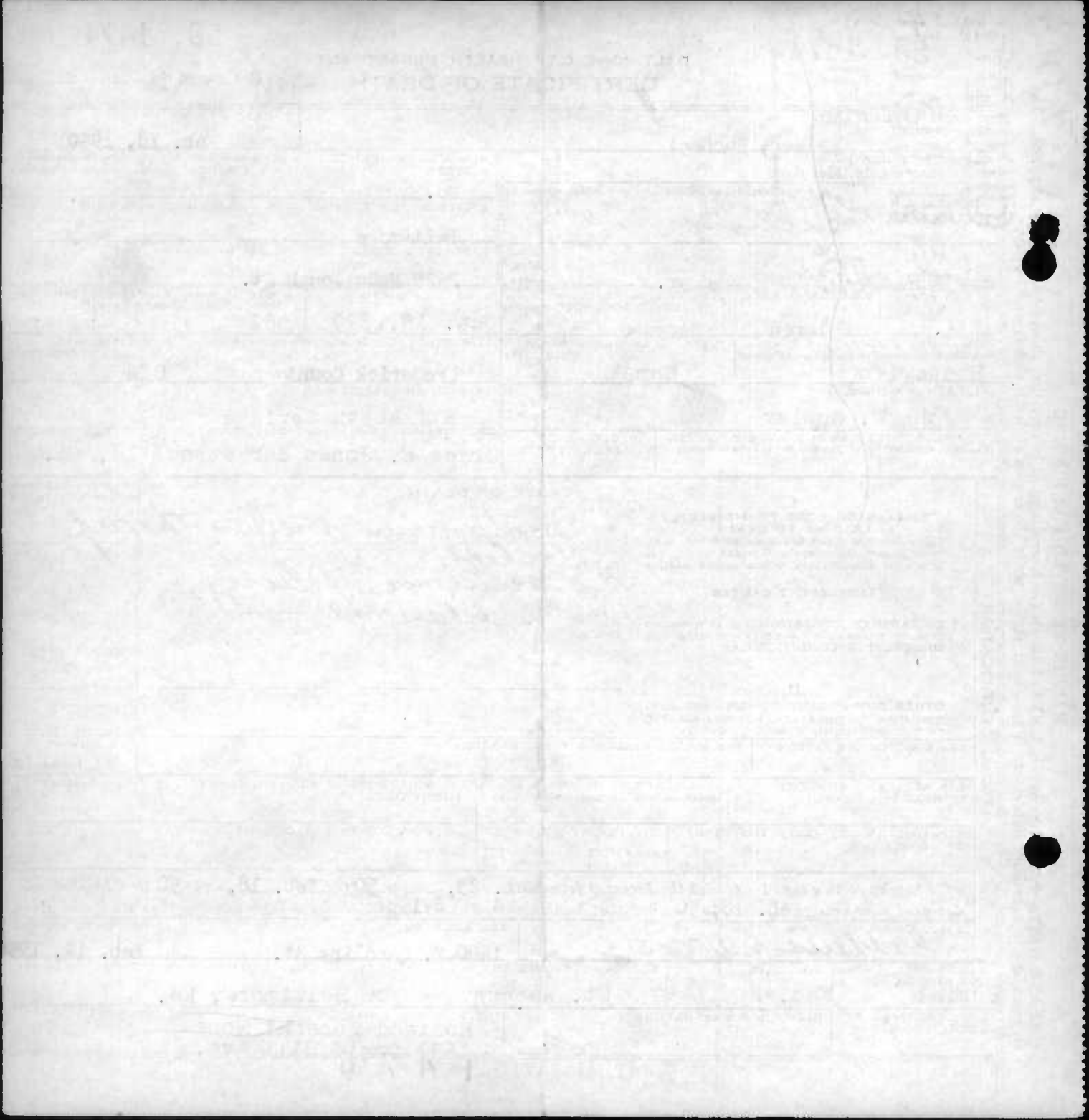
ALBANY, N. Y.

1904

PRINTED BY

THE STATE PRINTING OFFICE

ALBANY, N. Y.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-425
50 1475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

50 1475

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA JANE NELSON

2. DATE
OF
DEATH

Feb. 16, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

US Marine Hospital

59 Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
502 Roberts St.

14-03

c. Length of stay in Baltimore ?

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

col

7. SINGLE, MARRIED,

WIDOWER, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7/24/01

9. AGE (In years last birthday)

48

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

James Nelson

14. MOTHER'S MAIDEN NAME

Lucy A. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

?

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of cervix with recto-vesico-vaginal fistula. Extension of carcinoma to wall of pelvis and to regional and peri-aortic lymph nodes.

(B)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Nov. 2, 1949, to Feb. 16, 1950, that I last saw the deceased alive on Feb. 16, 1950, and that death occurred at 11:45 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

2/17/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

Feb. 21, 1950

24C. NAME OF CEMETERY OR CREMATORY

Mt. Sianai

24D. LOCATION (City, town, or county)

Effinworth, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Holland Funeral Home

1621 Druid Hill Ave.

VS 150

19500001477

48a

CERTIFICATE OF DEATH

State of New York

County of _____

City of _____

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

H-630 50 1476

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

174 Registered No. 50 1476

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISEY MARGUERITE HOWARD

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

107 S. Addison St.

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

BALTIMORE

19-04

D. STREET ADDRESS (If rural, give location)

107 S. Addison St.

c. Length of stay in Baltimore

4 1/2 YRS.

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

B. DATE OF BIRTH

Nov. 28, 1885

9. AGE (In years
last birthday)

64

H Under 1 Year
Months DaysH Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

P. GREEN

14. MOTHER'S MAIDEN NAME

IDA Hahn

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

NONE

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

JAMES P. Howard

ADDRESS

107 S. Addison St.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Uterus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1950, to Feb 18, 1950, that I last saw the deceased alive on Feb 18, 1950, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Albert Scapellato M. D.

23B. ADDRESS

1723 W Lombard St

23C. DATE SIGNED

2-20-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

Feb. 22, 1950

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

Anne Arundel County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Geo. L. Williams

25. FUNERAL DIRECTOR

GEO. L. Schwab

ADDRESS

2101 Frederick Ave

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AGNES

HUBER N-948.2

2. DATE
OF
DEATH

February 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

South Baltimore General Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1253 Glyndon Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

May 17, 1897

9. AGE (In years
last birthday)

52

10 Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John B. Norwood

14. MOTHER'S MAIDEN NAME

Mary V. Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

William Huber 1233 Glyndon Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Burns, first, second, and
third degree. 90% of
body surface.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

1253 Glyndon Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 17, 1950 2:00 P.M.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Clothes became ignited while smoking

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.
Autopsy, Inspection or Inquiry

23A. SIGNATURE

W. J. McClafferty

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-21-50

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. L. Schwab 2101 Frederick Ave.

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.



MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) DENTON CALVIN GILBERT		2. DATE OF DEATH Feb. 18, 1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION US Marine Hospital Wyman Pk. Drive & 31st St.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 20-05		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 548 S. Bentalou St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Div.		8. DATE OF BIRTH 5/13/97	9. AGE (In years last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder		10B. KIND OF BUSINESS OR INDUSTRY Automobile Shop		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Denton W. Gilbert			14. MOTHER'S MAIDEN NAME Mary Kobrick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT ADDRESS Records- US Marine Hospital, Balto, Md.	
18. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH 218-85-9234 Carcinoma of right anterior tonsillar pillar with right cervical metastases and pulmonary metastases.		
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Dec. 28, 1949 , to Feb. 18, 1950 , that I last saw the deceased alive on Feb. 18, 1950 and that death occurred at 12:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE John L. Wilson, Medical Director			23B. ADDRESS US Marine Hospital, Balto, Md.		23C. DATE SIGNED 2/18/50
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 2-21-50	24C. NAME OF CEMETERY OR CREMATORY BALTO. NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950		REGISTRAR'S SIGNATURE Geo. L. Schwab		25. FUNERAL DIRECTOR ADDRESS GEO. L. Schwab 2101 Frederick Ave.	

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

DEATH CERTIFICATE

FILE NO. 100-100000

DATE OF DEATH 10-10-1910

TIME OF DEATH 10:00 A.M.

PLACE OF DEATH 100-100000

CITY OF ALBANY

COUNTY OF ALBANY

STATE OF NEW YORK

DECEASED

NAME

AGE

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

CITY OF BIRTH

COUNTY OF BIRTH

STATE OF BIRTH

DATE OF MARRIAGE

PLACE OF MARRIAGE

CITY OF MARRIAGE

COUNTY OF MARRIAGE

STATE OF MARRIAGE

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

M-000
50 1479BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH442 50 1479
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bessie R. May

2. DATE
OF
DEATH

Feb. 17/50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3031 Frederick Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3031 Frederick Ave.

5. SEX
Female6. COLOR OR RACE
W.7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

Nov. 8, 1887

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Allen Tucker

14. MOTHER'S MAIDEN NAME

Rosetta Weidemann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT (Sister)

ADDRESS

Mrs. J. E. Dantell, 559 S. Longwood St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TOHypertensive Cardio-Vascular 10 yrs.
Renal disease
ending in Uremia: - - - - 2 weeks

ANTECEDENT CAUSES

(B)
DUE TODISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.(C) Large Bedsores one lower
back - - - - for past 4 weeks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1948, to Feb 17, 1950, that I last saw the
deceased alive on Feb 17, 1950, and that death occurred at 2 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph Zierler

M. D.

23B. ADDRESS

2318 Antares Place

23C. DATE SIGNED
Feb 21/5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21/50

24C. NAME OF CEMETERY OR CREMATORY

Good Sheppard Cemetery, Rockland, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

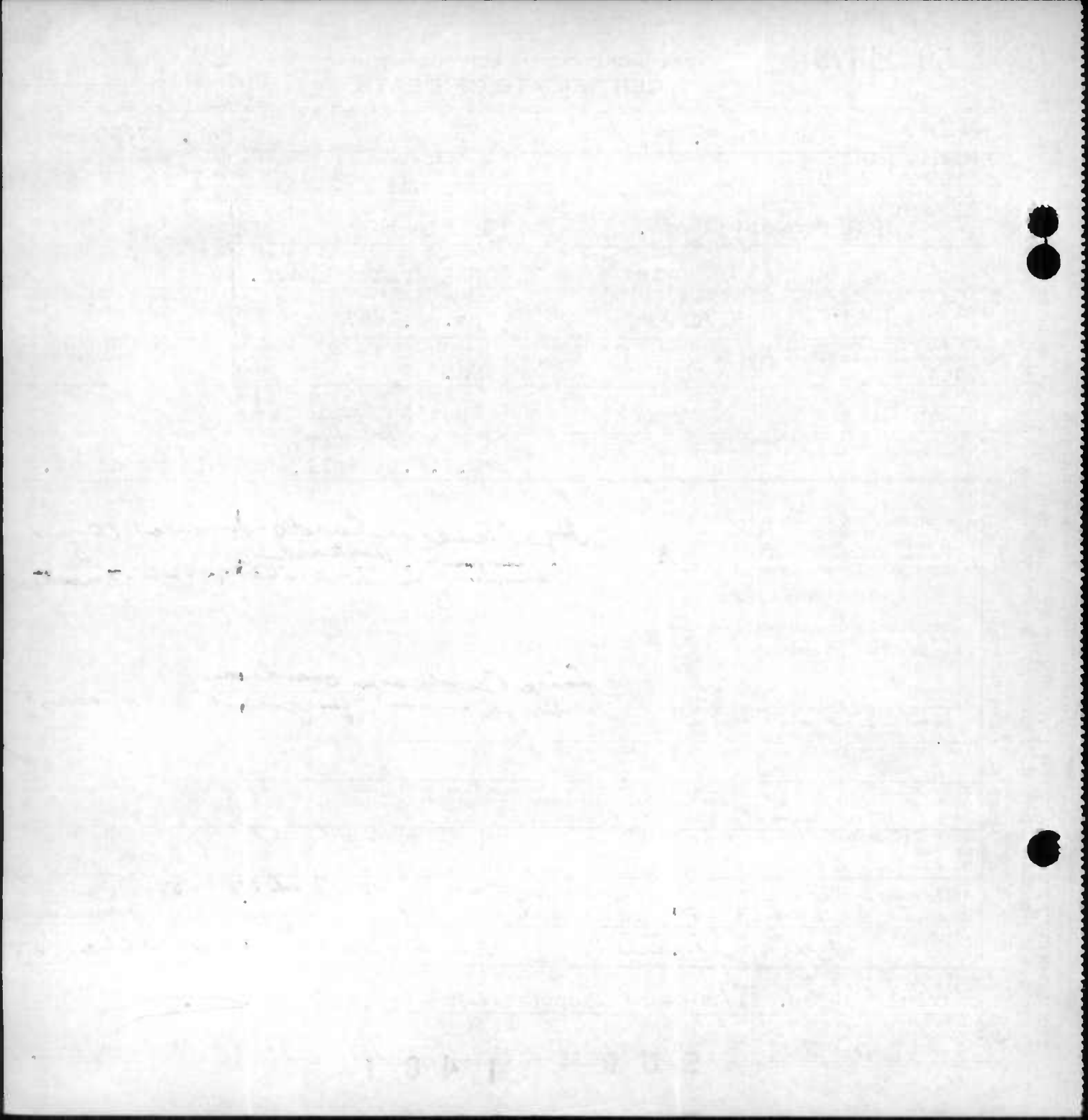
William H. Williams

25. FUNERAL DIRECTOR

Harry J. Weitzel

ADDRESS

4101 Ramondson Ave.



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1480

BIRTH NO.

50 1480

1. NAME OF DECEASED
(Type or Print)

WILLIAM N. SATTERFIELD

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1519 Linden Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1519 Linden Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Dec. 17, 1867

9. AGE (In years
last birthday)

82

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Farmer, retired

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Fairmount, W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Waitman Satterfield

14. MOTHER'S MAIDEN NAME

Frances Black

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Margaret Vine, 1519 Linden Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the Prostate

4 yrs

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
M. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947, to Feb 19, 1950, that I last saw the deceased alive on Feb 17 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Louis G. Kroll

M. D.

23B. ADDRESS

1801 Eutaw Pl.

23C. DATE SIGNED

2/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Hood

24D. LOCATION (City, town, or county) (State)

Lowesville, W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Cook, Inc.

25. FUNERAL DIRECTOR

ADDRESS

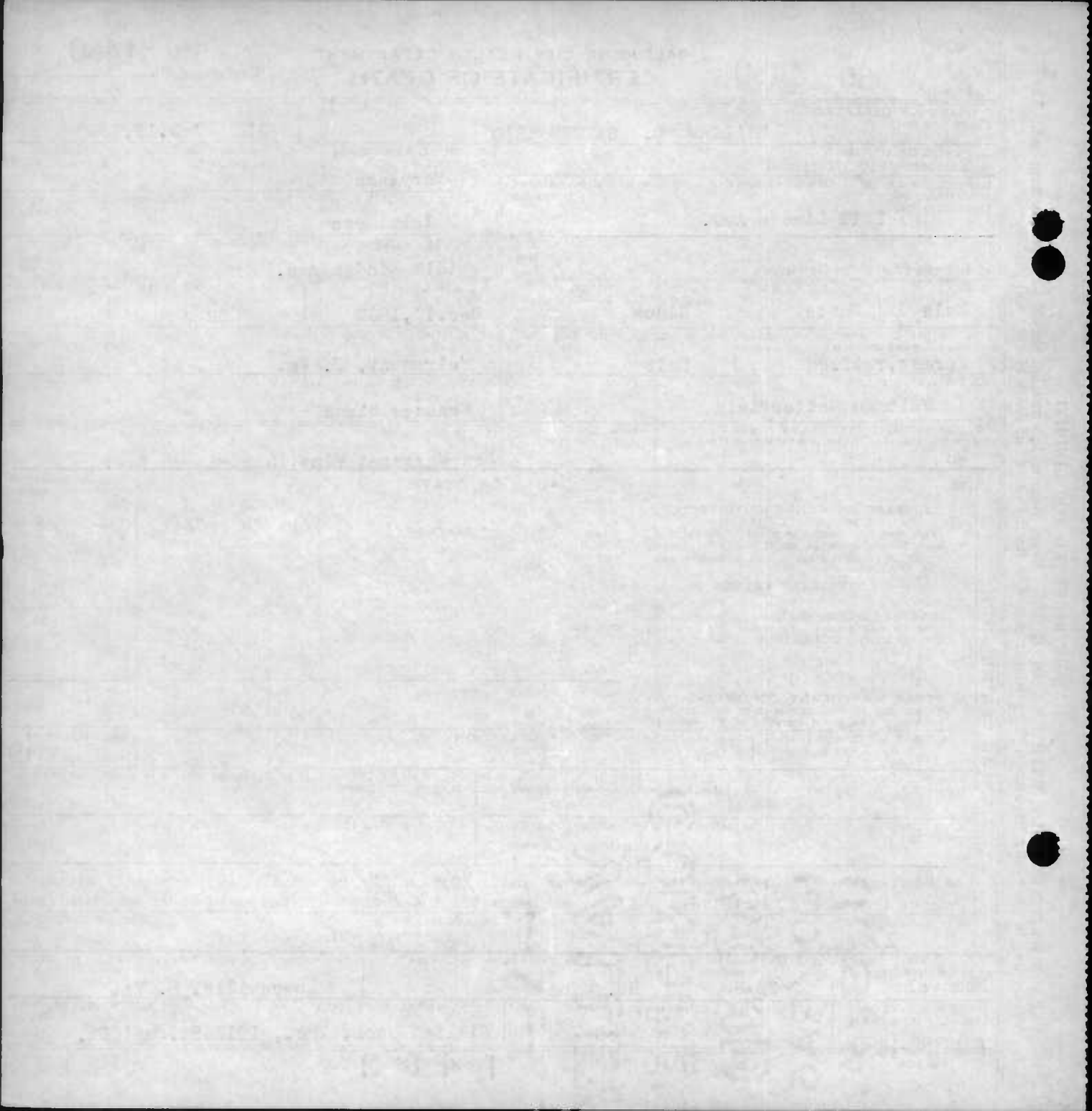
William Cook, Inc., 1217 St. Paul St.

FEB 20 1950

VS 150

000VV 500101402

51B



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE SCHOTT COCKEY

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

212 Stony Run Lane

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

Charles & 33rd St., The Blackstone Apts

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

May 18, 1875

9. AGE (In years
last birthday) Months: Days: Hours: Min.

74

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At. Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Simon P. Schott

14. MOTHER'S MAIDEN NAME

Ella E. Schaefer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Rhea Magee, The Blackstone Apts.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

12/19/49

19B. MAJOR FINDINGS OF OPERATION

Carcinoma

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/19/49, 1949, to 2/18/1950, that I last saw the
deceased alive on 2/18, 1950, and that death occurred at 21 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles R. Giesbrecht

M. D.

23B. ADDRESS

2923 St Paul St

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2/21/50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

William Cook, Inc., 1217 St. Paul St.

CERTIFICATE OF DEATH

STATE OF NEW YORK

County of _____

City of _____

Age _____

Sex _____

Decedent's Name _____

Residence _____

Occupation _____

Married _____

Single _____

Widow _____

Divorced _____

Never Married _____

Married _____

Single _____

Widow _____

Divorced _____

Never Married _____

Married _____

Single _____

Widow _____

Divorced _____

Never Married _____

Married _____

Single _____

Widow _____

W-416

50 1482

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH54 50 1482
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth E. Wolfersberger

2. DATE
OF
DEATH

Feb. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1707 St. Paul Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1707 St. Paul Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

Nov. 2, 1905

9. AGE (in years
last birthday)

44

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cosmetician

10B. KIND OF BUSINESS OR INDUSTRY

Morgan & Millard

11. BIRTHPLACE (State or foreign country)

Shenandoah, Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Seldon H. Wolfersberger

14. MOTHER'S MAIDEN NAME

Rhoda SWAIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
216-05-4772

17. INFORMANT

ADDRESS

Mrs. Rhoda S. Wolfersberger 1707 St. Paul

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) Generalized carcinomatosis 8 mo.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of rectum 2 yr.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 10, 1949, to Feb 17, 1950 that I last saw the deceased alive on Feb 17, 1950, and that death occurred at 11:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Roman R. Freeman M. D.

23B. ADDRESS

11 W. 29th St.

23C. DATE SIGNED

Feb 19, 1950

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21, 1950

24C. NAME OF CEMETERY OR CREMATORY

Rose Hill Cemetery

24D. LOCATION (City, town, or county)

Hagerstown, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

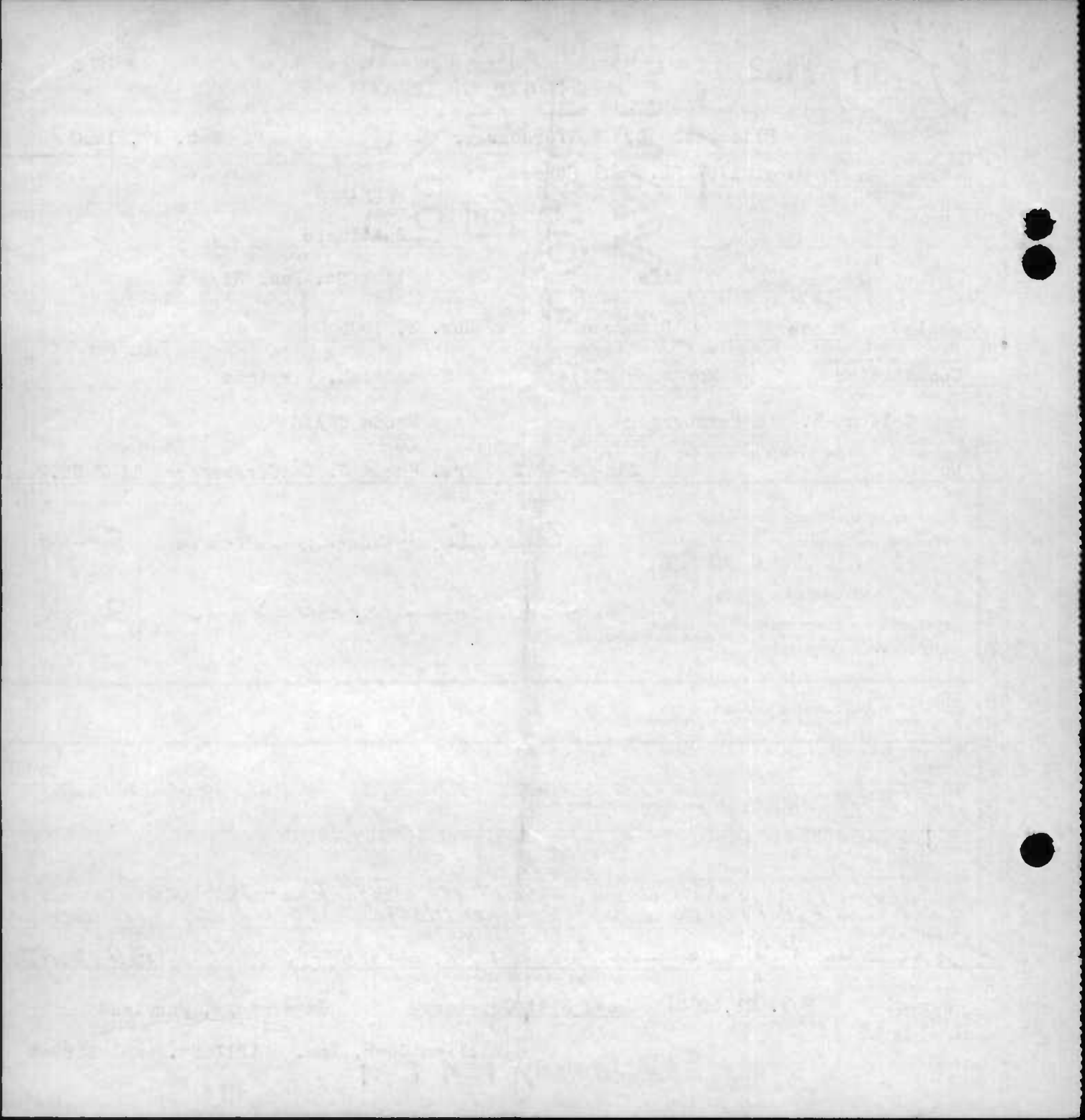
William Cook, Inc. 1217 St. Paul Street

VS 150

29870 Huntington

1484

467



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry T. Engle

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. CITY OR TOWN

Balto 23-01

D. STREET ADDRESS (If rural, give location)

1323 S. Hanover St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year

11. Under 24 Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

Cabinet Mill Hand

Ches. River Board Co.

11. BIRTHPLACE (State or foreign country)

Frederick Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Louis W. Engle

14. MOTHER'S MAIDEN NAME

Blanche N. Fisher

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-10-9789

17. INFORMANT

ADDRESS

Blanche Engle 1323 S. Hanover St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Coronary Disease

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

Wm. H. Hammer, Jr.

M.D.

23b. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☒

23c. DATE SIGNED

Feb. 18, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

2/21/50

New Market

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

VS 151

FEB 20 1950

988 13

Baltimore

1405

94a

✓

STATE OF TEXAS
COUNTY OF DALLAS



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Davis Fulton

2. DATE
OF
DEATH

2/18/50 1 P.M.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2414 Barclay St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 12-03

D. STREET ADDRESS (If rural, give location)

2414 Barclay St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED

Married

(Specify)

8. DATE OF BIRTH

9/27/1883

9. AGE (In years last birthday)

66

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Groomer

10B. KIND OF BUSINESS OR INDUSTRY

Railway Express Co

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Robert Allen Fulton

14. MOTHER'S MAIDEN NAME

Rachel E. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Grace T. Fulton 2414 Barclay St

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Insufficiency

about 5 mos.

DUE TO

ANTECEDENT CAUSES

(B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/28/1949 to Feb. 18th, 1950, that I last saw the deceased alive on Feb. 18, 1950, and that death occurred at 1:35 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Geo. W. Morgan

23B. ADDRESS

401 E. 25th. St. Balto. Md.

23C. DATE SIGNED

2/20/50.

24A. BURIAL, CREMATION, TOMB, REMOVAL (Specify)

Burial

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Madison

24D. LOCATION (City, town, or county) (State)

Madison Md

DATE RECEIVED BY LOCAL REGISTRAR

2/20/50

REGISTRAR'S SIGNATURE

William W. Morgan

25. FUNERAL DIRECTOR

Cook Inc. 1217 St Paul St.

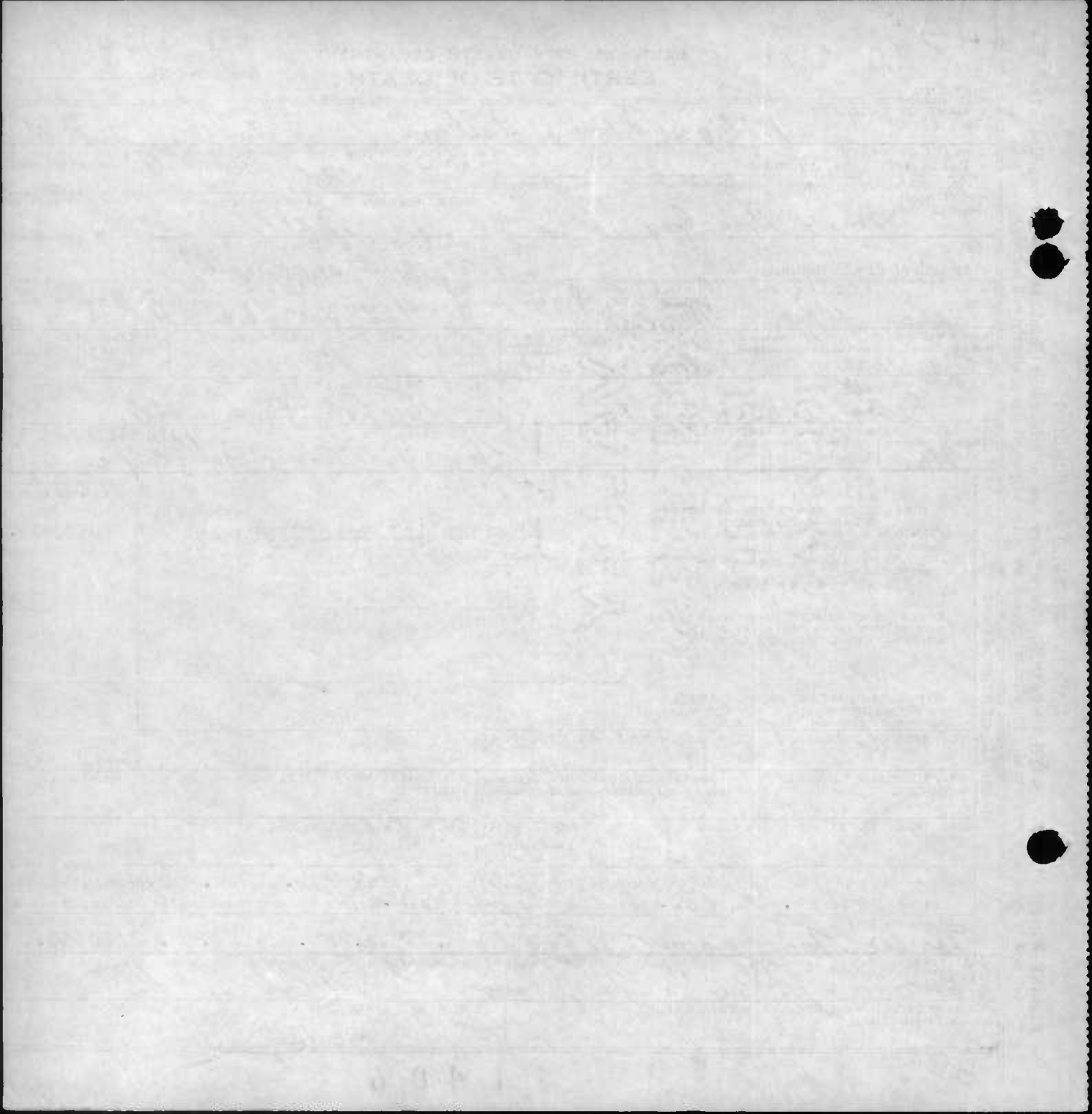
ADDRESS

1217 St Paul St.

FEB 20 1950

984487500001486

93E



M-245
GM. 135-84
30 1485BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH470' 50 1485
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James McLane

2. DATE
OF
DEATH

2- 19- 1950.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

B. COUNTY

MD.

6-03

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Baltimore City Hospitals

HOSPITAL OR INSTITUTION

31

4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2234 E. Baltimore ST. Z 24

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 29- 1871

9. AGE (In years
last birthday)

78 Yrs.

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Specify kind of
work done during most of working life, if insured)10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

(D) James McLane

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

(D) Virginia League

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-05-7864A

17. INFORMANT
ADDRESS
Records B.C.H. 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive arteriosclerotic heart disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2- 18- , 1950, to 2- 19- , 19 50 that I last saw the
deceased alive on 2- 19- 19 50 and that death occurred at 2.15 AM from the causes and on the date stated above.

23A. SIGNATURE

B. C. H. 4940 Eastern Ave.

M. D.

23B. ADDRESS

B. C. H. 4940 Eastern Ave.

23C. DATE SIGNED

2-19-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2/20/50

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county) (State)

Baltimore MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

Q+ 500 50 1486

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

7 50 1486
Registered No. _____

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
James Queen		FEB 17 1950	
3. PLACE OF DEATH		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
A. Baltimore City, Maryland Balto. City		A. STATE Md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
HOSPITAL OR INSTITUTION		D. STREET ADDRESS (If rural, give location)	
33 JOHNS HOPKINS HOSPITAL		Daltimore 5-01 1227C Redington St	
6. Length of stay in Baltimore		7. DATE OF BIRTH	
15 Yrs.		7-14-87	
8. SEX	9. COLOR OR RACE	10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	11. AGE (In years, last birthday)
Male	Colored	Separated	62 6 30
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		13. KIND OF BUSINESS OR INDUSTRY	
Unemployed		Longshoreman	
14. FATHER'S NAME		15. CITIZEN OF WHAT COUNTRY?	
Dennis Queen		U.S.A.	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		17. SOCIAL SECURITY NO.	
War # 1			
18. INFORMANT		ADDRESS	
JOHNS HOPKINS HOSPITAL			

18.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <u>Carcinoma of the Prostate</u> DUE TO		<u>18 months</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO		_____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____		_____	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
2/13/50.		Inoperable Carcinoma of Prostate		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-11-1950, to 2-17-1950, that I last saw the deceased alive on 2-11-1950, and that death occurred at 7:45 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
J. A. Klesh		JOHNS HOPKINS HOSPITAL		2/18/50	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		2/21/1950		Balto. Nat. Cem.	
				24D. LOCATION (City, town, or county) (State)	
				Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
FEB 20 1950		[Signature]		Elroy O. Wilson 1000 Brantly Ave	
VS 150 107 50000 1488 513					

[Faint handwritten signature]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Carlisle Knott*2. DATE
OF
DEATH*FEB 18 1950*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION*JOHNS HOPKINS HOSPITAL*

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3801 GREENWAY

6. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Student*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Maryland*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry J. Knott

14. MOTHER'S MAIDEN NAME

*Marion Burk*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

*metastases
Multiple cerebral**1 wk*

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

*Malignant pancreas tumor**3 wk*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from *2-16-* *1950* to *2-18-* *1950* that I last saw the
deceased alive on *2-18-* *1950*, and that death occurred at *11:20* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph King

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

*2-19-50*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

2/22/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Amington Williams

25. FUNERAL DIRECTOR

ADDRESS

*John A. Moran**3000 E. Balto. St.*

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH 332 Registered No.

BIRTH NO.

50 1488

50 1488

1. NAME OF DECEASED
(Type or Print)

Lillian Marie Doherty

2. DATE
OF
DEATH

2/19/1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland Baltimore City

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

1035 North Patterson Park Ave #5

D. STREET ADDRESS (If rural, give location)

5 Baltimore City 8-04

c. Length of stay in Baltimore

55 Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

11-7-1891

9. AGE in years

58

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Edder

14. MOTHER'S MAIDEN NAME

Florence Hamilton

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Francis P. Doherty AS above

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Encephalomalacia

DUE TO

INTERVAL BETWEEN
ONSET AND DEATHKnown
72 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular disease

DUE TO

Unknown

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

+ Cerebral arteriosclerosis
Terminal pneumonia
Hypopituitarism & diabetes mellitus

Unknown

Unknown

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/18, 1950, to 2/19, 1950, that I last saw the deceased alive on 2/19, 1950, and that death occurred at 2:00 PM., from the causes and on the date stated above.

23A. SIGNATURE

Marguerite Louisa Candler, D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

2/19/50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/23/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balto. St.

STATE OF NEW YORK

CERTIFICATE OF DEATH

NAME OF DECEASED		AGE		SEX		RACE		DATE OF DEATH		PLACE OF DEATH	
CAUSE OF DEATH		MANNER OF DEATH		OCCUPATION		EDUCATION		RELIGION		MARITAL STATUS	
SIGNATURE OF PHYSICIAN		SIGNATURE OF MINISTER		SIGNATURE OF JUDGE		SIGNATURE OF CLERK		SIGNATURE OF DECEASED		SIGNATURE OF WITNESSES	
DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE		DATE OF SIGNATURE	
OFFICIAL USE		OFFICIAL USE		OFFICIAL USE		OFFICIAL USE		OFFICIAL USE		OFFICIAL USE	
REMARKS		REMARKS		REMARKS		REMARKS		REMARKS		REMARKS	
FURTHER REMARKS		FURTHER REMARKS		FURTHER REMARKS		FURTHER REMARKS		FURTHER REMARKS		FURTHER REMARKS	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thompson, William Chester

2. DATE
OF
DEATH

Feb. 17, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1127 Northgate Road

c. Length of stay in Baltimore

7 1/2 yr.

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 15, 1876

9. AGE (In years last birthday)

73

10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired WATCHMAN

10B. KIND OF BUSINESS OR INDUSTRY

Gas & Electric Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel C. Thompson

14. MOTHER'S MAIDEN NAME

Jean Breiver

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

1489 ADDRESS

Georgia T. Thompson Northgate Rd.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Bronchiectasis

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardio-vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from February 14, 1950, to February 17, 1950 that I last saw the deceased alive on Feb. 17, 1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

S. H. Kean

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Feb. 17, 1950

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

2/21/50

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

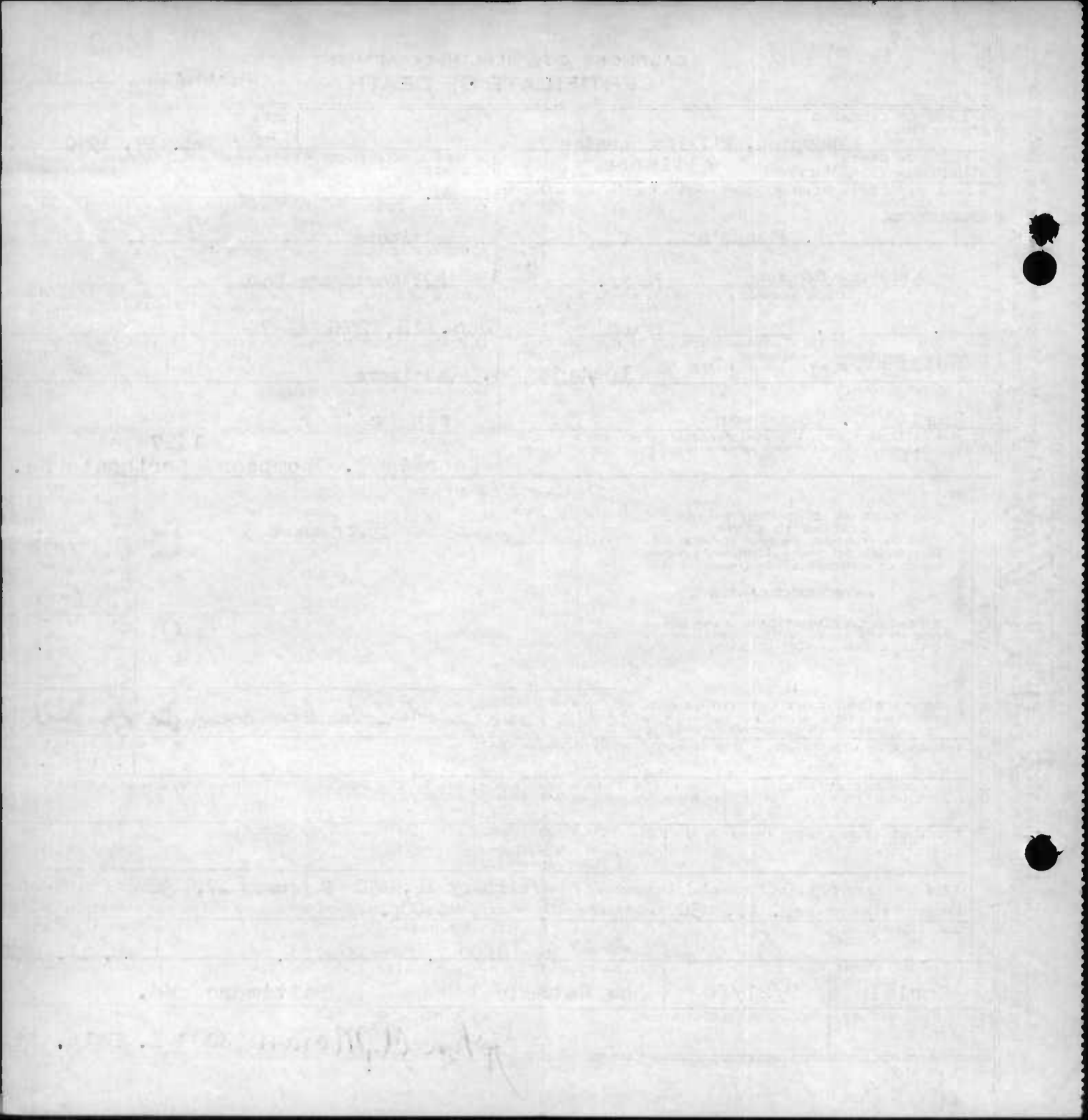
ADDRESS

John A. Moran 3000 E. Balt. St.

EB VS 150

60259

93D



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1490

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Strasinger

2. DATE
OF
DEATH

Feb. 18th. 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
607 E. 36th. St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

607 E. 36th. St.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 28, 1874 75

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Mail Carrier

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Strasinger

14. MOTHER'S MAIDEN NAME

Mary Hughes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. E. C. Oursler 1710 Windemere Rd

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary occlusion

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic cardiovascular
disease

10 years (Known)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 2-16, 1950, to 2-18, 1950, that I last saw the
deceased alive on 2-16, 1950, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Feb. 21, 1950

Parkwood

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John A. Moran 3000 E. Balt. St.

CERTIFICATE OF DEATH

11/11/1911

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

50 1491

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Fannie Weaver			2. DATE OF DEATH 2-16-50		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-02		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 659 Sterling Street		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH 1859	9. AGE (In years last birthday) 90	11 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Henry Simpson			14. MOTHER'S MAIDEN NAME Viney ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS 4940 Records*Balto. City Hospitals Eastern Ave.		
18. CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH		
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Bronchopneumonia DUE TO					
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Generalized Arteriosclerosis DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2-1-50		19B. MAJOR FINDINGS OF OPERATION Right Supracondylar Amputation for gangrene right foot		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-23 ¹⁹⁵⁰ to 2-16 , 19 50 , that I last saw the deceased alive on 2-16 , 19 50 , and that death occurred at 7:15 P. from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 2-17-50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2/20/1950		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR ADDRESS Elroy O. Wilson 1000 Brantly Ave	

VS 150

19500001493

107

2581

H-252
50 1492

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1492

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE HAWKINS		2-17-1950	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 702 Born Court		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 4-02	
c. Length of stay in Baltimore ?? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 702 Born Court	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Seperated	8. DATE OF BIRTH June 25, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Construction	9. AGE (In years last birthday) 52
13. FATHER'S NAME Unknown		11. BIRTHPLACE (State or foreign country) Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mary Young		ADDRESS 666 Vine Street	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	(A) DUE TO Adeno Carcinoma of Stomach		2 yrs
	(B) DUE TO Syphilis Central Nervous System		2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/19 1950 to 2/17 1950, and that death occurred at 12 noon, from the causes and on the date stated above.			
23A. SIGNATURE H. R. Johnson	M. D.	23B. ADDRESS 403 Mel Arts Bg	23C. DATE SIGNED 2/20-50
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 2-22-50	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore 30
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950	REGISTRAR'S SIGNATURE Huntington Williams, Md	25. FUNERAL DIRECTOR Wm. A. JACKSON, 916 PENNA. AVE.,	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

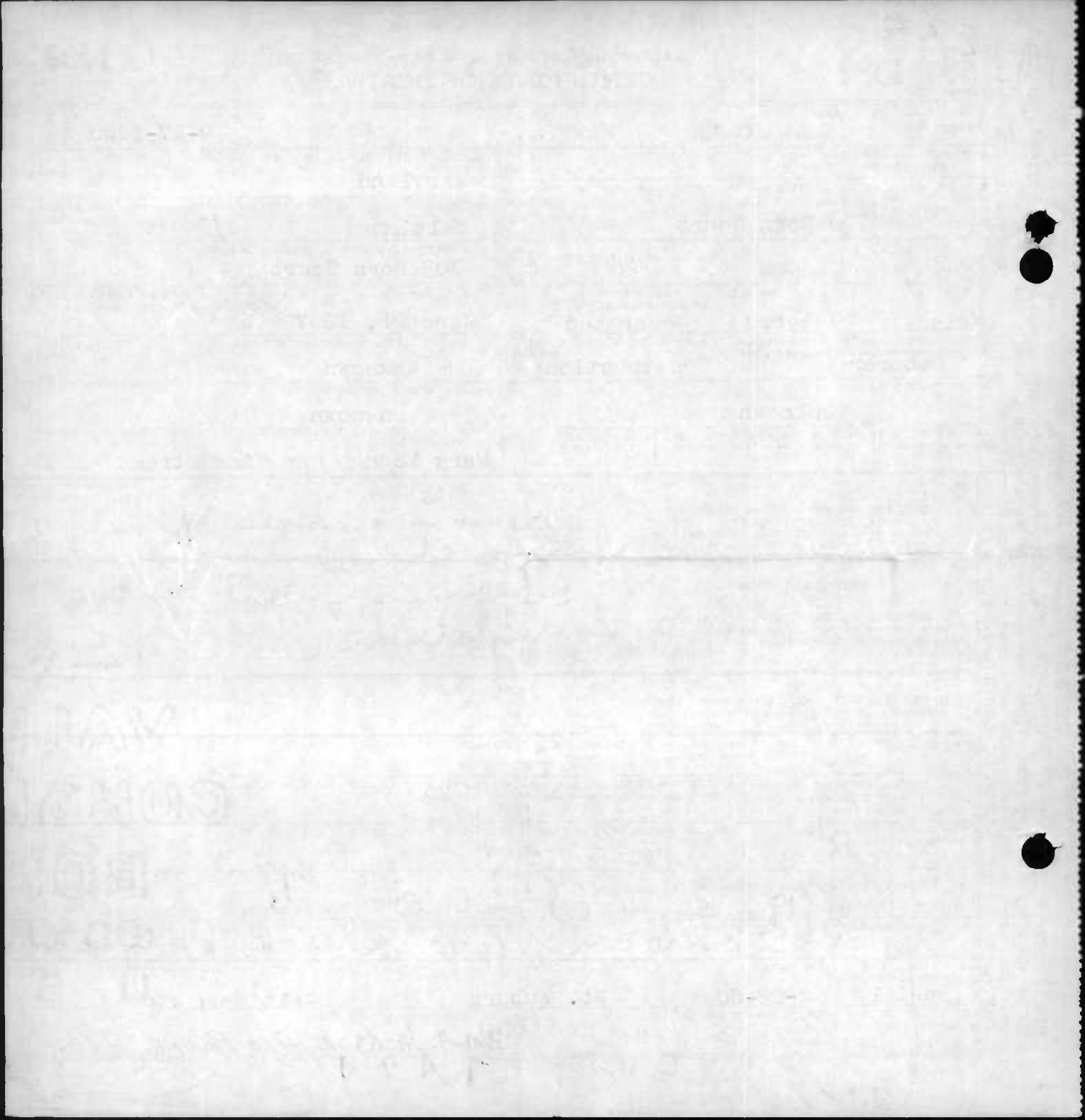
MEDICAL CERTIFICATION

VS 150

988V9

1500001494

46B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **50 1493**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY

HORTEN

2. DATE
OF
DEATH

February 12, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1613 E. Monument Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 1913 36

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Solomon

10B. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Lourence S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Hugh Horton

14. MOTHER'S MAIDEN NAME

Maggie James

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-16-590

17. INFORMANT

Booker T. Horton

1613 E. Monument Street, Balto., Md.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Lourence left from a hard
Sunstroke wound left ailing artery

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

1613 E. Monument Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
2-7-50 6:30 P. M.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Booker T. Horton

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
2-13-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Feb 20-1950

24C. NAME OF CEMETERY OR CREMATORY

Baptist Cemetery

24D. LOCATION (City, town, or county)

Lourence S.C.

DATE RECEIVED BY LOCAL REGISTRAR

FEB 20 1950

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Robert Williams

1515 McElroy St

10-1-1941

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

10-1-1941

RECEIVED
BUREAU OF LAND MANAGEMENT
WASHINGTON, D. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

1494

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lambert H. Thiess

2. DATE
OF
DEATH

2-18-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2803 Jefferson Street

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

8-14-1865

9. AGE (In years
last birthday)

84

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired - City Position

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Eleanor M. Stevens

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., io or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1950, to 2-18, 1950, that I last saw the
 deceased alive on 2-18, 1950, and that death occurred at 2:32 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

2-18-50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Feb 21 1950

Mount Carmel

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

Huntington Williams, M.D.

Ullrich Funeral Home 2008 Orleans St

VS 150

19500071496 46E

Examination of section
showing depth of section

Multiple fractures of section
Multiple section of section
Examination of section

10/10/10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

 Registered No. **50 1495**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE OF DEATH **Feb 18 1950**3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **1514 N Wolfe** B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore**D O A City Hospitals**D. STREET ADDRESS (If rural, give location)
1514 N Wolfec. Length of stay in Baltimore **life**

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

Male**white****July 31 1894****55**

Months: Days

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
motorman (retired)10B. KIND OF BUSINESS OR INDUSTRY
Baltimore T ransit Co

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George E Heyl

14. MOTHER'S MAIDEN NAME

Annie Gillen

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Lottie Heyl 1514 N Wolfe

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

19 Feb 50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial**Feb 22 1950****Baltimore Cemetery****Balto**

ADDRESS

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

FEB 20 1950**William Williams, M.D.****Ullrich Funeral Home 2008 Orleans**

VS 151

45649**94a**

11-11-11
11-11-11

CHARTER OF FARM

David J. [unclear]
[unclear]



R-200
50 1496BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHX
Registered No. 50 1496

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM WATTS ROSE

2. DATE
OF
DEATH

Feb. 20, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

DC

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR US Marine Hospital location)
INSTITUTION

Wyman Pk. Drive & 31st St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Washington

D. STREET ADDRESS (If rural, give location)

1661 Crescent Place

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/20/83

9. AGE (In years
last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Officer

10B. KIND OF BUSINESS OR
INDUSTRY

U.S. MARINE CORP

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF
WHICH COUNTRY?

USA

13. FATHER'S NAME

William W. Rose

14. MOTHER'S MAIDEN NAME

Sarah Watts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

WW I

16. SOCIAL
SECURITY NO.

Unknown

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, 11, Md.

18.

602X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Uremia due to:

Unknown

1- Uretrolithiasis obstructing right
ureter and causing right hydro-
nephrosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

2- Prostate hypertrophy with
obstruction

3-Nephrosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

4- Cortical cyst of kidney, multiple, bilateral
Arteriosclerosis, generalized

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐NOT WHILE ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1950, to Feb. 20, 1950, that I last saw the
deceased alive on Feb. 20, 1950, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

2/20/50

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

2-23-50

24C. NAME OF CEMETERY OR CREMATORY

Arlington Natl Cem. Arlington, Va

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

300 N. St.
Wash D.C.

FEB 20 1950

VS 150

11296 1490

131a

Would you please rearrange the order
of the causes ^{as} specified on the medical
certification so as to make clear
your opinion of the underlying cause
of death.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1497

BIRTH NO.

1. NAME OF DECEASED (Type or Print)

Welsh, Lena Grace~~WELSH, Lena~~

(LENA GRACE WELSH)

2. DATE OF DEATH

2-19-50

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3109 Clifftmont Avenue

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Aug. 10, 1892

9. AGE (In years last birthday)

57

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Walters

14. MOTHER'S MAIDEN NAME

Annie Seibel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT 3109 Clifftmont Avenue
Mr. Timothy V. Welsh

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma, rt. lung, metastatic

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Carcinoma, left lung, primary

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Prob. bronchopneumonia, rt.; carcinomatosis?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-19, 1950, to 2-19, 1950 that I last saw the deceased alive on 2-19, 1950, and that death occurred at 8:53 Am., from the causes and on the date stated above.

23A. SIGNATURE

W. A. Uehmann M.D.

23B. ADDRESS

University Hospital 1

23C. DATE SIGNED

2-19-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

2/23/50

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery Baltimore, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

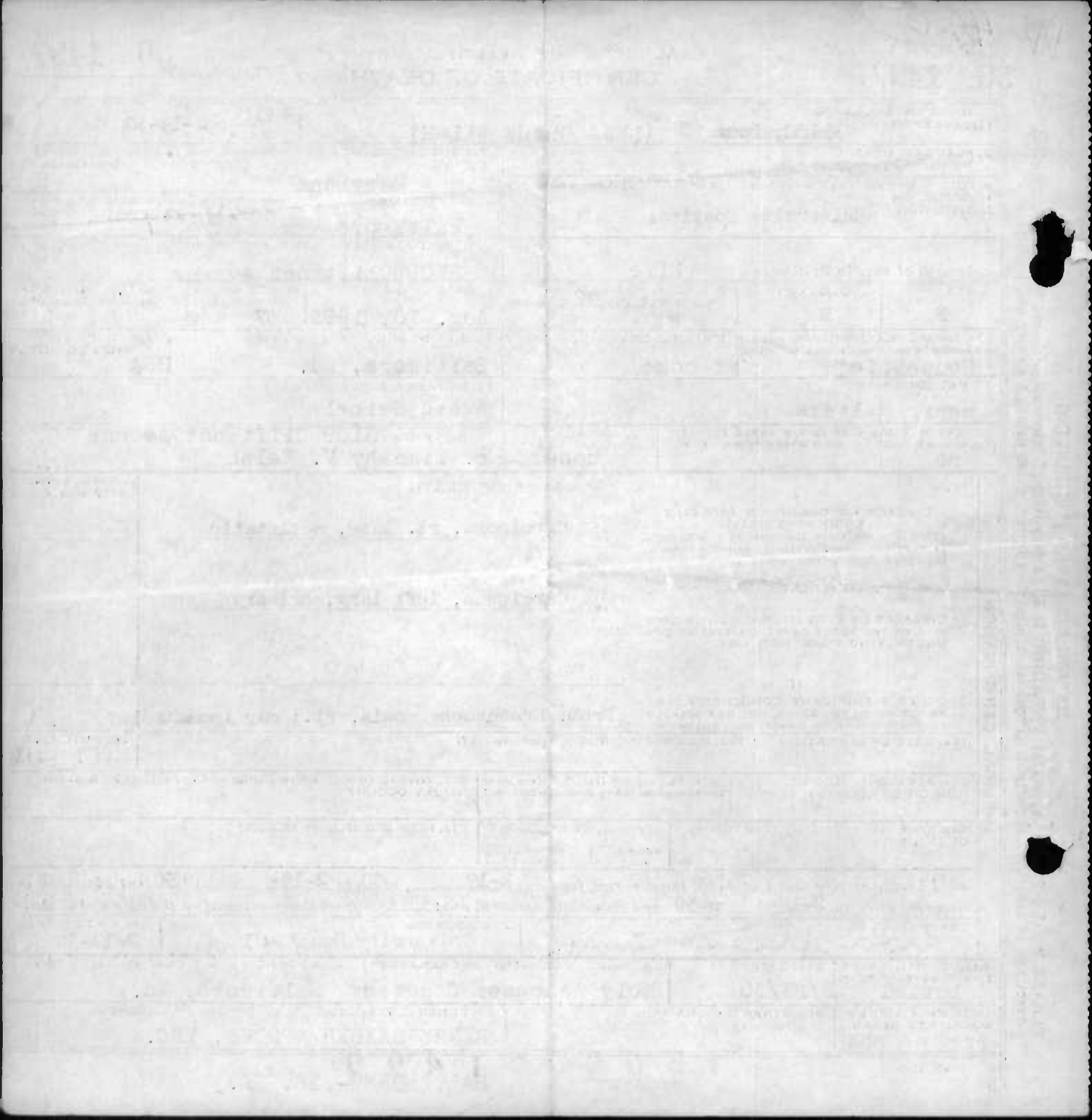
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

FEB 20 1950

HENRY SANDER & SONS, INC.



Dr. Gordy

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 50 1498

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sue Warren

2. DATE
OF
DEATH

Feb. 18, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

5201 Carter Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-03

D. STREET ADDRESS (If rural, give location)

5201 Carter Avenue

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Apr. 18, 1880

9. AGE (in years
last birthday)

69

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Middlesex Co Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas H. Sibley

14. MOTHER'S MAIDEN NAME

Mary L. Major

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Arthur L. Carroll, 5201 Carter

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Bulmonary Infarct

1 week

ANTECEDENT CAUSES

(B)

DUE TO

(C)

Chronic Mitral Insufficiency

10 years

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Feb 12th 1950, to Feb 18th 1950, that I last saw the
deceased alive on Feb 18, 1950, and that death occurred at 12⁰⁰ m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

2-21-50

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Harford Road.

FEB 20 1950

VS 150

195000015009213

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

50 1499

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

LeRoy

WRIGHT

2. DATE
OF
DEATH

February 19, 1950

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Jessups

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 23, 1923

9. AGE (In years
last birthday)

26

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Electrician

10B. KIND OF BUSINESS OR
INDUSTRY

Western Electric

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph LeRoy Wright, Sr.

14. MOTHER'S MAIDEN NAME

Laura L. Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

Joseph

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fractured skull

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., In or
about home, farm, factory, street, office bldg., etc.)

Public

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Old Annapolis Road nr. Dorsey Run Bridge

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

February 18, 1950 ?P m.

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK AT WORK☐ ☒

21F. HOW DID INJURY OCCUR?

Fire truck overturned

22. I certify that I took charge of the remains described above, held an Insp. & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....23C. DATE SIGNED
2-20-5024A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Feb. 21, 1950

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

LEONARD J. RUCK

ADDRESS

5305 Harford Road

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **50 1500**

BIRTH NO. **50 1500**

1. NAME OF DECEASED (Type or Print) KATHERINE BAUER			2. DATE OF DEATH 570.5 2.19.50		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MILLERS		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) —		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8.17-1867	9. AGE (In years last birthday) 82	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Ferdinand Fischer			14. MOTHER'S MAIDEN NAME - Barthalmew		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT MARGARET ARNOID MILLER'S MO.		

18. CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Shock DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) INTESINAL OBSTACULON 6 days DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb. 12, 1950 , to Feb. 19, 1950 , that I last saw the deceased alive on Feb. 18, 1950 , and that death occurred at 24 m. , from the causes and on the date stated above.					
23A. SIGNATURE C. M. Frances M. D.		23B. ADDRESS Baltimore, Md.		23C. DATE SIGNED 2/20/50	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 2/20/50	24C. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24D. LOCATION (City, town, or county) (State) Cleveland, Ohio		
DATE RECEIVED BY LOCAL REGISTRAR FEB 20 1950	REGISTRAR'S SIGNATURE Wm. J. Tickner & Sons	25. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS Balto., Md.			

VS 150

9500001502 122B

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be clearly and correctly stated. Correct age is especially important. Physicians: please write the causes of death clearly and fully.

